## L18000223756

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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ECRETARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: The Angry Italian LLC (Name of Resulting) Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Heather Larsen  (Contact Person)  The Avary Italian LLC (Birm/Company)  To T Mandalay Ave  (Address)  (City. State and Zip Code)  Avary talian 1 @ amail. Com  E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:  Hather Larsen at (727) 810-9065  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$150.00 Filing Fees and Certificate of \$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building Certificate of Status  MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

# DEPARTMENT

### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2018

HEATHER LARSEY 707 MANDALAY AVE CLEARWATER BEACH, FL 33767

SUBJECT: THE ANGRY ITALIAN, LLC

Ref. Number: W18000080922

We have received your document for THE ANGRY ITALIAN, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 418A00018783

### **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  The Hygry Thatian UC  Anne of Other Business Entity)
4 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on [O [17]]. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
The Angry Italian UC
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

SECRETARY OF STATE

FILED

Signed this 19 day of September	20 18.
Signature of Authorized Representative of Limits	ed Liability Company:
Signature of Authorized Representative:  Printed Name: Heather larsen	Title: Owner/president
Signature(s) on behalf of Other Business Entity:  S	
Printed Name: Hather Larsan	Title: <u>president</u>
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	fficer. orporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
(Must contain the words "Limited Liab	Italian LLC  pility Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
707 Mandalay Ave Clear water Brack FL 33767	707 Mandalay Ave Clearwider Beach FL 33767
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	re registered agent are:
Heather Larson =	
Na	SSR 2 L
	lay five
Florida street address (P	O. Box <u>NOT</u> acceptable)
Clearwater Bea	ch fl 33767 gr ss
City	Zip
liability company at the place designated registered agent and agree to act in this cap	d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

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/ 1	1			

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	11011 1000
WCK	Heather Larsen
	707 mandalay Ave
	Clear water Beath F1 33767
	,
	AHASSE
(Use attachment if necessary)	<u>က</u> ို ရ
(Ose attachment if ficcessary)	ORIDA
	DE N
CICLE Vs Other previous at the in-	
<b>FICLE V:</b> Other provisions, if any.	
REQUIRED SIGNATURE:	10 1
~ 1M/A	V. M
	TWEE WE
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes. I am aware that
as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felony
30 provided for in 3.017.755, 7.55.	. 11
$\mathcal{H}_{\ell}$	eather Larsen
Tvr	ped or printed name of signee
- 21	C::: C

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)