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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Conversion			
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Office Use Only

TRANSMITTAL LETTER

	ederation of Dining Room Professionals, LLC		
	(Name of Limited Liability Company)		
e enclosed Ar	ticles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	Cindy Martinage		
	(Name of Person)		
Federation of Dining Room Professionals, LLC			
	(Firm/Company)		
	413 Georgia Avenue		
, 	(Address)		
	Fernandina Beach, FL 32034		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

,	
FIRST: The name of the unincorporated business immediately prior to filing this documen	t was:
Federation of Dining Room Professionals, LLC	·
SECOND: The date on which and the jurisdiction in which the unincorporated business was created or otherwise came into being are: A. Date: 11/16/99 B. Jurisdiction: New Jersey C. If different from the above noted jurisdiction, the jurisdiction immediately p its conversion: Florida	
its conversion.	
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of	
organization is:	
Federation of Dining Room Professionals, LLC	·
Signature of a Member or an Authorized Representative of a Member	i
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	04 AUG
Cindy Martinage	6
Typed or Printed Name of Signee	<u>ें</u> ज
FILING FEES: Stop on Filing Fee for Articles of Organization	PH 2:21

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Federation of Dining Room Professionals,	LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
413 Georgia Avenue	1417 Sadler Road #100
Fernandina Beach, FL 32034	Fernandina Beach, FL 32034
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Cindy Martinage Name 413 Georgia Avenue Florida street address (P.O. Box N	ed agent are:
	LORIDA 32034
City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manager	Name and Address.			
"MGRM" = Managing Member				
MGRM	Bernard Martinage			
	413 Georgia Avenue			
	Fernandina Beach, FL 32034			
MGRM	Cindy Martinage			
	413 Georgia Avenue			
	Fernandina Beach, FL 32034			
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
* CW 459	$\stackrel{\checkmark}{\searrow}$			

Cindy Martinage

that the facts stated herein are true.)

Typed or printed name of signee

Signature of a member or an amborized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)