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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
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· (Doc	ument Number)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Little Italy of Inverness, I	LLC
(Name of Resulting Flo	orida Limited Company)
The enclosed Certificate of Conversion, Artic convert an "Other Business Entity" into a "Fl accordance with s. 608.439, F.S.	
Please return all correspondence concerning t	his matter to:
Diane Cohen, Esq.	
(Contact Person)	
DIANE COHEN, P.A.	
(Firm/Company)	
111 W. Main Street, Suite 203	
(Address)	
Inverness, FL 34450	
(City, State and Zip Code)	
For further information concerning this matte	r, please call:
Diane Cohen, Esq.	at (352) 637-1899
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount	:
\$\sqrt{3}\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sqrt{3}\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees Status \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
Little Italy of Inverness, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on April 9, 1999
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Little Italy of Inverness, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

listed therein.)			organization, if an effective $_{20}$; uate is
Signed this 1/2	day of			
Signature of Au	uthorized Person:	Diane	Cohen	
Printed Name:	Diane Cohen	Title	: Attorney	
Fees:				

Page 2 of 2

\$25.00

\$125.00

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

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TT	\mathbf{CI}	ÆI	ĺ - `	Na	me:

The name of the Limited Liability Company is:

Little Italy of Inverness, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.." or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Avenue
34450
_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Diane Cohen, E	sq
111 W. Main St	Name eet, Suite 203
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Inverness,	FL 34450_
City	y, 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

MGRM	Alfredo Cali
	124 N. Apopka Avenue
	Inverness, FL 34450
MGRM	Domenica M. Cali
	124 N. Apopka Avenue
	Inverness, FL 34450
	(Use attachment if necessary)
	(Use attachment if necessary)
NAL)	nan the date of filing:
NAL)	must be specific and cannot be more than five
NAL) Fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE:	must be specific and cannot be more than five the date of filing.)
NAL) Fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE:	must be specific and cannot be more than five
NAL) Fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE: Signature of a member or (In accordance with section of this document constitute)	must be specific and cannot be more than five the date of filing.)

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

\$ 5.00 Certificate of Status (Optional)