108000540151

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W080050	20354	<u> </u>

Office Use Only



200123947042

04/21/08--01048--003 **180.00

O8 APR 21 AM 8: 36
SEGRETARY OF STATE
TALL AHASSEE, FLORION

D. BRUCE

APR 21 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Josephine's Authentic	
·	ting Florida Limited Company)
convert an "Other Business Entity" into accordance with s. 608.439, F.S.	Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in
Please return all correspondence concern	ning this matter to:
Anthony Herlong	TAS
(Contact Person)	Em co
Josephine's Authentic Soul Food Restaurar	THE REPORT OF TH
(Firm/Company)	SECRETARY ALLAHASSE
20177 Bay Cedar Ave	m-k Mo ≥
(Address)	FLC
Tampa, FL 33647	AM 8: 35 OF STATE E. FLORID
(City, State and Zip Cod	
For further information concerning this	matter, please call:
Anthony Herlong	at (_813) 849-3945
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following an	nount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \$155.00 \text{ Filing Fee} and Certificate of Status	es
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	Tananassee, L J2517



April 22, 2008

ANTHONY HERLONG 20177 BAY CEDAR AVE. TAMPA, FL 33647

SUBJECT: JOSEPHINE'S AUTHENTIC SOUL FOOD RESTAURANT LLC

Ref. Number: W08000020354

We have received your document for JOSEPHINE'S AUTHENTIC SOUL FOOD RESTAURANT LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6984.

Letter Number: 708A00024175

Deborah Bruce Regulatory Specialist II 08 APR 21 AM 8: 35
SEGRETARY OF STATE
AND AHASSEE FI ORIDA

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: Josephine's Authentic Soul Food Restaurant, Inc. ### 1000000000000000000000000000000000		
(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 04/08/08		
(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:	0	
L A H	08 APR 21	
4. The name of the Florida Limited Liability Company as set forth in the attached	21	
Articles of Organization:	Ē	
Josephine's Authentic Soul Food Restaurant LLC	တ္က သ	
(Enter Name of Florida Limited Liability Company)	<u>ي</u> ت	

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	State; AND 2) must be the same as the
Signed this 16 day of April	20_08
Signature of Authorized Person:	Harlin
Printed Name: Anthony Herlong Title	MGR
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

OB APR 21 AH 8: 36
SEGRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Co	mpany is:
Josephine's Authentic Soul F (Must end with the words "Limited Liability Communic.")	ood Restaurant LLC pany," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street addres Liability Company is:	s of the principal office of the Limited
Principal Office Address:	Mailing Address:
20177 Bay Cedar Ave Tampa. FL 33647	20177 Bay Cedar Ave Tampa, FL 33647
ARTICLE III - Registered Agent, F. Signature: (The Limited Liability Company cannot serve as individual or another business entity with an active Florida registration	in z
The name and the Florida street addre	
Lisa Herlong	Name STATE
20477 Bau Cadan A	Name SA 3
20177 Bay Cedar A	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Tampa	FL 33647
	City, State, and Zip
Having been named as registered as	gent and to accept service of process for the

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Anthony Herlong		
•	20177 Bay Cedar Ave		
	Tampa, FL 33647	_	
MGRM	Lisa Herlong	_	
	20177 Bay Cedar Ave	_	
	Tampa, FL 33647	_	
		_	
•		_	
		_	
		_	
			
,	(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	1 the date of filing: 4-21-08		
	(OPTIONAL)		
	to nor more than 90 days after the date this tment of State; <u>AND</u> 2) must be the same as		
	d Certificate of Conversion, if an effective		
date is listed therein.)	SE SE		
		arcing	
<u>REQUIRED</u> SIGNATURE:	APR	enders:	
Court Hall	SS 21	g same	
Signature of a member or ar	authorized representative of a member =	Under U	
Signature of a member of an			
of this document constitutes a	508.408(3), Florida Statutes, the execution of affirmation under the penalties of perjums ts stated herein are true.)	O	
Anthony Herlong			
	printed name of signee		
17/11 - T7			

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)