L09000004215

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
. (Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

Division of Corporations SUBJECT: The Open House Cafe Network, LLC (Name of Resulting Florida Limited Company) The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. Please return all correspondence concerning this matter to: Shiraz A. Hosein (Contact Person) Anchors Smith Grimsley, P (Firm/Company) P.O. Box 2379 (Address) Fort Walton Beach, Florida 32549 (City, State and Zip Code) For further information concerning this matter, please call: at (850 Shiraz A. Hosein) 863-4064 (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees \$155.00 Filing Fees **☑**\$180.00 Filing Fees **□**\$185.00 Filing Fees, Certified Copy, and (\$25 for Conversion and Certificate of and Certified Copy Certificate of Status & \$125 for Articles Status of Organization) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

TO:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2008

SHIRAZ A. HOSEIN ANCHORS SMITH GRIMSLEY PO BOX 2379 FORT WALTON BEACH, FL 32549

SUBJECT: THE OPEN HOUSE CAFE NETWORK, LLC

Ref. Number: W08000056347

We have received your document for THE OPEN HOUSE CAFE NETWORK, LLC and check(s) totaling \$180.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$.

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

This document was received on 12/19/08

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) 245-6067.

Letter Number: 508A00061213

Neysa Culligan Document Specialist

FILED

Certificate of Conversion For

"Other Business Entity"

Into

SECRETARY OF STATE! TALLAHASSEE PLORIDA

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Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization 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: The Open House Cafe Network, Inc. POS-77973
(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_August 21, 2008
(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:
The Open House Cafe Network, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

Signed this 17th day of December	20_08				
Signature of Member or Authorized Representative of Limited Liability Company:					
Signature of Member or Authorized Representative Printed Name: Argenia Parmer	Fitle: Managing Member				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: Printed Name: Argenia Parmer	Tist. Director				
	Title: Director				
Signature: Printed Name:	_ Title:				
Signature:					
Signature:Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:Printed Name:	Tido				
	_ riue;				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or					
If Directors or Officers have not been selected, an In					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
All others: Signature of an authorized person.					
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)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC)	LET	- Na	me:
AR			- 172	IIIC:

The name of the Limited Liability Company is:

The Open House Cafe Network, LLC

١.

(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:

Principal Office Address:

Mailing Address:

828 Indigo Loop Miramar Beach, FL 32550 828 Indigo Loop Miramar Beach, FL 32550

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:

Argenia Parmer

Name

828 Indigo Loop

Florida street address (P.O. Box NOT acceptable)

Miramar Beach

FL 32550

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, E.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR M	Argenia Parmer
	828 Indigo Loop
	Miramar Beach, Florida 32550
	(II)
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the	e date of filing:
	(OPTIONAL)
The effective date: 1) cannot be prior to a locument is filed by the Florida Department he effective date listed in the attached Clate is listed therein.)	ent of State; AND 2) must be the same as
into is listed the elin)	-
REQUIRED SIGNATURE:	*
Signature of a member or an au	
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an af	firmation under the penalties of perjury ated herein are true.)
that the facts st	ated neteril are true.)
Argenia Parmer	
Typed or prin	nted name of signee

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)

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