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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:

Office Use Only

W09-13852



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SECRETARY OF STATE
SECRETARY OF STATE
AND TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

M. THOMAS

APR - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fig's Finest, L.L.C. (Name of Resulting Plorida 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:
Chery/ Newton GContact Person) Fick Firest
(Firm/Company)
2/3 N. 49L Street (Address) Fernandine Black FL 32034
(City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 261-1082 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount: \$\Bigsup_{\text{\$150.00 Filing Fees}} \ \Bigsup_{\text{\$155.00 Filing Fees}} \ \Bigsup_{\text{\$185.00 Filing Fees}} \ \Bigsup_{\text{\$25 for Conversion}} \ \Bigsup_{\text{\$4125 for Articles}} \ \Bigsup_{\text{\$125 for Articles}} \ \Bigsup_{\$125 for Artic
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2009

CHERYL NEWTON 213 N. 4TH STREET FERNANDINE BEACH, FL 32034

SUBJECT: FIG'S FINEST, L.L.C. Ref. Number: W09000013852

We have received your document for FIG'S FINEST, L.L.C. 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, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required 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 a member or an authorized representative of amember. 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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 009A00009943

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: FLS's Finest (G 09056900030)
(Enter Name of Other Business Entity)
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Solo Morrielo Step Hickory Name (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 Floreda
(Enter state, or if a non-U.S. entity, the name of the country)
on 3-35-09 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Fig. Finest, 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) cornect he rejected are 20 days effect the date this.
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 17 day of March	<u></u>	
Signature of Member or Authorized Representa	ntive of Limited Liability Company:	
Signature of Member or Authorized Representative Printed Name: Chery Newton	: Chery Newfor Title: Obner/Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).	
Signature: Cherry Regular Printed Name: CHERY NECUTON	1011 N K 1	
Printed Name: [///FLY] //FLO/071	Title: Otof G	
Signature:Printed Name:		
Signature:Printed Name:	Tislo.	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
	PAR -5	
Signature:Printed Name:	_Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.		i
All others: Signature of an authorized person.	PR-3 FARYI	-
Fees:	\$25.00 EE. F.LORID	چەرسەر ئارىسىد
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

ARTICLE I - Name:
The name of the Limited Liability Company is:
Fig's Finest L.L.C Do
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation
(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:
Liability Company is: Principal Office Address: Mailing Address:
Principal Office Address: Mailing Address:
212 N 11st Charles 212 D 164 Ch.
213 n. 4th Street 213 n. 4th Street
Fernandere Beach Fernandin Beach
PZ 33039
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
(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.)
ousiness entity with an active Profita registration.)
The name and the Florida street address of the registered agent are:
Nancy E. Mayo
96/687 Suseway Blud. Suche 101-12
Florida street address (P.O. Box NOT acceptable)
Amelia Islander 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, F.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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mamban	
"MGRM" = Managing Member	
	
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	(Use attachment if necessary)
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	(OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)
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