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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N. Creston MAY 1 0 3000

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TO: Registration Division of C		•		
	IBY'S PIZZA OF C	ollege Stad Florida Limited Company		
	usiness Entity" into a '	rticles of Organization 'Florida Limited Liabi	, and fees are submitted to lity Company" in	
Please return all corr	espondence concernin	g this matter to:		
CHANCE HIPPLE	ER			
	(Contact Person)			
GUMBY'S PIZZA	OF			
	(Firm/Company)			
3911 W NEWBER	RRY RD C-1			
	(Address)			
GAINESVILLE, F	L 32607			
((City, State and Zip Code)			
For further informati	on concerning this ma	tter, please call:		
CHANCE HIPPLER		at (352) 219	9-0692	
(Name of Conta	ict Person)		aytime Telephone Number)	
Enclosed is a check f	or the following amou	int:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporations		Division of Corporations		
Clifton Building	Ci1-	P. O. Box 633		
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

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Certificate of Conversion

For

"Other Business Entity"

Into

09 MAY 15 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 of Station Station T42821 (Enter Name of Other Business Entity)
(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 ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on
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:
GUMBY'S PIZZA OF COllege State On LCC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: MAY 20, 2009 (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 listed therein.)

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Signed this 12 day of MAY 2009.		
Signature of Member or Authorized Representative of Limited I	Liability Company:	
Signature of Member or Authorized Representative: Printed Name: CHANCE HIPPLER Title:)56	
Signature(s) on behalf of Other Business Entity: [See below for req	uired signature(s).]	
Signature: JEFF O'BRIEN Title:		
Signature: Printed Name: FRANK MYLES Title:	irector	
Signature: Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.		
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional Certificate of Status: \$5.00 (Optional))	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	mited Liability Con	npany is:	ſ		
GUMBY'S PI	zza of Colla	5c 5	49	tion LC	\mathcal{C}
(Must end with the words "LLC.")	"Limited Liability Compa	" the abbr	eviation	"L.L.C.," or the design	nation
ARTICLE II - Ad	dress:				
	s and street address	of the prir	ncipal	office of the Lim	ited
Liability Company	is:				
Principal Office A	ddress:		<u>Maili</u>	ing Address:	
3911 W NEWBE	RY RD C-1		391	11 W NEWBERRY	RD C-1
GAINESVILLE, F			G/	AINESVILLE , FL 3	2607
Signature: (The Limited Liability Coindividual or another	egistered Agent, Rempany cannot serve as its ctive Florida registration.)	•			Ü
The name and the F	lorida street address	s of the reg	gistere	ed agent are:	
	CHANCE HIPPL	.ER			
	3850 NW 16TH	Name PLACE			
	Florida street addre	ess (P.O. E	Box <u>N</u>	OT acceptable)	
	GAINESVILLE		FL	32607	
	C	ity, State,	and Z	ip	

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:

Title:	Name and Address:
"MGR" = Manager ("MGRM" = Managing Member	,
CHANCE HIPPLER	3850 NW 16TH PLACE
	GAINESVILLE, FL 32605
JEFF O'BRIEN	8720 SW 40TH DRIVE
	GAINESVILLE, FL 32608
FRANK MYLES	3850 NW 16TH PLACE
	GAINESVILLE, FL 32605
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than	in the date of filing: $\underline{5120109}$.
document is filed by the Florida Depar	(OPTIONAL) to nor more than 90 days after the date this timent of State; AND 2) must be the same as ed Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	
Signature of a member or ar	n authorized representative of a member.
of this document constitutes a	n affirmation under the penalties of perfury ts stated herein are true.)
CHANCE HIPPLE	R TO R
Typed or	printed name of signee
Filing Fees:	3T 3T 2

\$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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