MAM 17956

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Crynolata_particle)
PICK-UP WAIT MAIL
(Business Entity Name) :
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:
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Office Use Only

WP1-35344



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SECRETARY OF STATE
TALL AHASSEE, FLORID

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M. THOMAS
AUG 1 3 2009
EXAMINER

COVER LETTER

	Registration Division of C				
SUBJE	ст: <u>D</u> Е	CD the a	Florida Limited Company	ing, LLC	<u>-</u>
convert		isiness Entity" into a "	rticles of Organization, Florida Limited Liabil		d to
Please 1	eturn all corr	espondence concernin	g this matter to:		
5	ASCA	(Contact Person)			
DE	co the	(Firm/Company)	iningill		100
980	SANTI	A MARIA B	LVD.	LL AHA	AUG
51.	406.05	TINE FL City, State and Zip Code)	32086	,	2 3
For first	har informati	on concerning this ma	ttar planca call		2: 19
rorrun		on concerning this ma	tter, prease carr.	197-1-0=	7
	(Name of Conta	ct Person)	_at (aytime Telephone Number)	
Enclose	d is a check f	or the following amou	int:		
(\$25 for 0	00 Filing Fees Conversion or Articles zation)	\$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:			MAILING A		

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

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



August 4, 2009

SANDRA KREBS 980 SANTA MARIA BLVD. ST AUGUSTINE, FL 32086

SUBJECT: DECO THE ART OF DINING, INC.

Ref. Number: W09000035344

We have received your document for DECO THE ART OF DINING, INC. your check(s) totaling \$150.00. However, the enclosed document has not be 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 moths 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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 009A00026594

Certificate of Conversion

For

"Other Business Entity"

Into

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: DECD + Le art of dining, Inc POS-141433
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>COPPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter state, or if a non-U.S. entity, the name of the country) (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:
1/A SH 28
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DECO the art of dining LLC
(Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date:

Signed this 315T day of JOLY	_20 <u>_09</u>				
Signature of Member or Authorized Representa		<u>:</u>			
Signature of Member or Authorized Representative: Printed Name: ANDRA A. KREBS Title: PRESIDENT					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]	1			
Signature: Sandra A. KPEB	4				
Printed Name: JANDRA A KRES	Title: PRESIDENT	-			
Signature:Printed Name:	_ Title:	<u> </u>			
Signature:Printed Name:	Title:	-			
Signature:Printed Name:	Title:	 			
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Signature:Printed Name:	至	FILEU PRINCEIZ PRINCE	ļ		
Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: 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 Liabilit Signature of one General Partner.	ty Partnership:	,			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners	y Limited Partnership:				
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

ARTICLE I - Name:

The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "L.J.C.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
980 SANTA MARIA BLVD ST.AUGUSTINE I FL 32096	980 SANTA MAZIA BLVD ST. ADGUSTINE LEC 32086			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate among individual or another business entity with an active Florida registration.)				
THE STATE OF THE S				
The name and the Florida street address of the registered agent are: SANDRA PERS Name Name				
Plorida street address (P.O. Box NOT acceptable)				
ST. AUGUSTINE	FL 32086			
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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	SANDRA KREBS 800 FAVER DYKES PD ST. AULUST INE, FL 32086
	ZOOS AUG.
ARTICLE V: Effective date, if other than the da	(Use attachment if necessary) (1) NOME =
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Cerdate is listed therein.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE: Signature of a member or an author	prized representative of a member.
(In accordance with section 608.408 of this document constitutes an affirm that the facts state	mation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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