

L09000076280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

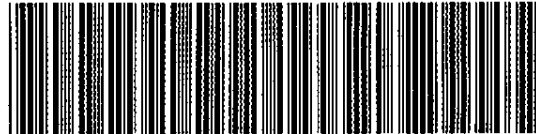
Certificates of Status _____

Special Instructions to Filing Officer:

59-3210248

(on file a merger.)

Office Use Only



500160839875

10/05/09--01070--013 **102.50

500160839875
03/21/09--01068--001 **77.50

S. HAWKES

OCT - 6 2009

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 5 AM 10:55

FILED

S. HAWKES

SEP 22 2009
S. HAWKES
EXAMINER

EXAMINER

S. HAWKES

SEP 22 2009

EXAMINER

TERRY MCDAVID
ATTORNEY AT LAW
178 SE HERNANDO AVENUE
LAKE CITY, FLORIDA 32025

MAILING ADDRESS
POST OFFICE BOX 1328
LAKE CITY, FLORIDA 32056-1328

TELEPHONE: 386-752-1896
FAX: 386-752-8905

October 1, 2009

Registration Section
Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301

Attention: Suzanne

Re: JAB Partnership-Conversion to JAB Hospitality, LLC

Dear Suzanne:

I have appreciated your help on this project. I spoke with your office again yesterday afternoon for more information. In discussing this with Mr. McDavid and our client, it has been determined that for tax purposes the partnership must be converted.

Therefore, I am enclosing original and copy of Certificate of Conversion for "Other Business Entity" Into Florida Limited Liability Company with Articles of Organization attached.

The total for filing fees and a certified copy is \$180.00. You have deposited on our account \$77.50. I am, therefore, enclosing a check for the difference in the amount of \$102.50.

Again, thanks for your help.

Sincerely,



DeEtte F. Brown

Enclosures

P.S. Can you return certified copy in Fedex envelope enc-



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2009

TERRY MCDAVID
PO BOX 1328
LAKECITY, FL 32056

SUBJECT: JAB PARTNERSHIP
Ref. Number: GP0600001623

We have received your document for JAB PARTNERSHIP. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

This document was previously filed on .

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 409A00031224

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAB HOSPITALITY, 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:

Terry McDavid

(Contact Person)

(Firm/Company)

P.O. Box 1328

(Address)

Lake City, FL 32056

(City, State and Zip Code)

For further information concerning this matter, please call:

DeEtte Brown

(Name of Contact Person)

at (386) 752-1896

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
09 OCT -5 AM 10:55
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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:
JAB PARTNERSHIP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general partnership GP0600001623
(Enter entity type. Example: corporation, limited partnership,
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, 2006.
(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**:

JAB HOSPITALITY, 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 listed therein.)

Signed this 1st day of October 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: [Signature]
Printed Name: P.J. Patel Title: MGRM

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: P.J. Patel Title: General Partner

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

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09 OCT -5 AM 10:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 ALL 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAB HOSPITALITY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3144 US Highway 90 W
Lake City, FL 32055

Mailing Address:

3144 US Highway 90 W
Lake City, FL 32055

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:

P.J. Patel

Name

3144 US Highway 90 W

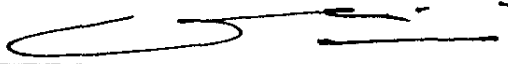
Florida street address (P.O. Box **NOT** acceptable)

Lake City FL 32055

FL

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)

FILED
OCT -5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

P.J. Patel

3144 US Highway 90 W

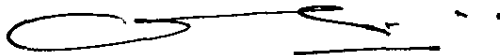
Lake City, FL 32055

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

P.J. Patel

Typed or printed 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)

FILED
09 OCT -5 AM 10:55
CLERK OF STATE
TALLAHASSEE, FLORIDA