## L09000102527

(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



100158535581

07/20/09--01070--001 \*\*52.50

10/26/09--01001--007 \*\*97.50

MODOT 22 PH 4: 02
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS Oct. 23,2009 EXAMINER



July 23, 2009

LINDA R. MARKERT 8810 NORMANDY BLVD. JACKSONVILLE, FL 32221

SUBJECT: THE KITCHEN COTTAGE, INC.

Ref. Number: P05000104475

We have received your document for THE KITCHEN COTTAGE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please call me at 850-245-6047, I need to talk to you about your filing.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00025389

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: the Kitchen Lottuge, 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:
Linda K. Marken
(Contact Person)
(Firm/Company)  (Address)
Jacksonville, ft 32721 (City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (104) 388 - US19  (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)  \$\int \frac{1}{2}
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

FILED

Certificate of Conversion
For
"Other Business Entity"
Into

2009 OCT 22 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

7. The name of the Other Business Entity infinediately prior to the ming of this
Certificate of Conversion is: The Kitchen Watage, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter state, or if a non-U.S. entity, the name of the country)
on 111 27, 2005 (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:
(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 20 day of October	20 09	
Signature of Member or Authorized Representa	tive of Limited Liability Compa	inv:
Signature of Member or Authorized Representative Printed Name: Linda War Kert	Title: President	2ent
Signature(s) on behalf of Other Business Entity: [	See below for required signature	(s).]
Signature: Since Market Printed Name: Junda Market	Title: VV (lialh 7	
Signature: Printed Name:	_ Title:	<del></del>
Signature: Printed Name:	Title:	<del></del>
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	<del></del>
Signature:Printed Name:	_ Tide:	
If Morida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnerskip:	FILE 2000 OCT 22 TALLAHASS
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y <u>Limited Partnership:</u>	ILE ST22
All others: Signature of an authorized person.		REFERENCE TO
Fees:		器 22
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ب ۱

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:		
The Kitchen Cot  (Must end with the words "Limited Liability Company," the al  "LLC.")	fage LLC bordinion "L.LC," or the designs	tion	
ARTICLE II - Address: The mailing address and street address of the p Liability Company is:	rincipal office of the Limit	ed	
Principal Office Address:	Mailing Address:	••	٠
8810 Normandy Blvd.	Sane	Agentication	
(The Limited Limitely Company cannot schoe as its own Regis individual or another business entity with an active Florida registration.)	dered Agent. You must designate ar		7
The name and the Florida street address of the street address of the street address of the street address (P.O. Tax, FL City, State	in Ave	T 22 PM 4: 02 ETARY OF STATE HASSEE, FLORIDA	FILED

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Ma The name and address of each Man	ager or Managing Member is as follows: 2009 OCT 22 PM 4: 02
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STATE FALLAHASSEE, FLORIDA
WERW	Linda K. Manlert 4545 Cappho Avenue Jucksanville, Fo 32205
and the same of th	
	(Use attachment if necessary)
document is filed by the Florida Departm	(OPTIONAL) onor more than 90 days after the date this ment of State; AND 2) must be the same as Certificate of Conversion, if an effective
REQUIRED SIGNATURE:  Signature of a member or an a	Jaket uthorized representative of a member.
of this document constitutes an a	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)
	larkert inted name of signee
Filing Fers:	
\$125.00 Filing Fee for Articles of Registered Agent of Registered Agent S 30.00 Certified Copy (Option S 5.00 Certificate of Status (C	Optional)