11100032651

(Requestor's Name)		
(Add	ress)	
•	,	
(Address)		
(City)	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nar	me)
		•
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		-

Office Use Only

G. MCLEOD

MAR 1 7 2011

EXAMINER



700197649127

03/14/11--01040--023 **150.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paty Cakes Samuiches N Neli UC (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:		
Robert J. Flowers (Contact Person) Robert J. Flowers CPA PA (Firm/Company)		
400 SE Flamingo Auc.		
Stuart, FL 34996 (City, State and Zip Code)		
Cpa 3887abellsouth.net E-mail address: (to be used for future annual report notifications)		
For further information concerning this matter, please call:		
Bob Flowers at (772) 283-8500 (Name of Contact Person) (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 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

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:

PATTYCAKES SANDWICHES N DELI INC.

2. The "Other Business Entity" is a CORPORATION.

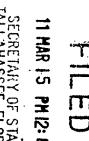
first organized, formed or incorporated under the laws of FLORIDA

on JUNE 24, 2010.

- 3. If the jurisdiction of the "Other Business Entity" was changed, the state or countred:
- 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

PATTYCAKES SANDWICHES N DELI LLC

- 5. If not effective on the date of filing, enter the effective date:
- 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
- 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.



Signed this 3RD day of MARCH 2011.

Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative:

Printed Name: PATRICIA L. VIENS

Title: PRESIDENT

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature:

Printed Name: PATRICIA L. VIENS

Title: PRESIDENT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

PATTYCAKES SANDWICHES N DELI LLC

ARTICLE II - ADDRESS

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

1054 SE DIXIE CUTOFF RD. STUART, FL 34994

<u>Article III - Registered Agent, Registered Office, & Registered Agent's Signature:</u>

The name and the Florida address of the registered agent is:

PATRICIA L. VIENS 584 SW CRAWFISH DR. PORT ST. LUCIE, FL 34953

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..

Note: Signature:

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

PATRICIA L. VIENS 584 SW CRAWFISH DR. PORT ST. LUCIE, FL 34953

Member or authorized representative member.

IN ACCORDANCE WITH SECTION 608,408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUES AN AFFIRMATION UNDER THE PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

PATRICIA L. VIENS

Signee