# L12000070004

(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:
W12000027170

Office Use Only



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05/15/12--01007--001 \*\*150.00

12 HAY 24 MIN SECRETARY OF STATE AHASSEE, FLORIDA

D. BRUCE

MAY 2 5 2012

**EXAMINER** 



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 16, 2012

**ITAY PELED** 9075 WEST SUNRISE BLVD. PLANTATION, FL 33322

SUBJECT: HAPPY SAM L.L.C. Ref. Number: W12000027170

We have received your document for HAPPY SAM L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is totaling sturned for the following correction(s): being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

Letter Number: 412A00014471

## **COVER LETTER**

Division of Corporations		
SUBJECT: HAPP	of Resulting Florida Limited Company)	
(Name	of Resulting Florida Limited Company)	
	a, Articles of Organization, and fees are a Limited Liability Company" in accordance	
Please return all correspondence conce	rning this matter to:	
TTHY PELED (Contact Person)		
HAPPY SAM TUC (Firm/Company)		
9075 West Suns	rise Blud.	12 MAN SECRE
Phitation, FL 33.  (City, State and Zip Co	322 ode)	NY 24 MAILLA ETARY OF ST HASSEE, FLO
E-mail address: (to be used for future annual re	ahoo. com eport notifications)	OF STATE
For further information concerning this	s matter, please call:	Dri <b>en</b>
(Name of Contact Person)	at ( <u>754</u> ) <u>246-648</u> (Area Code and Daytime Telephor	ne Number)
Enclosed is a check for the following a	mount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status		y, and
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

#### **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:
HAPPY SAM FNC.  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corposation P1200042122</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLOBTOA  (Enter state, or if a non-U.S. entity, the name of the country)  on 5/4/20/2.
on 5/4/20/2. (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 law 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:
HARRY SAM 110
(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.)
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 <u>09</u> day of <u>MAY</u>	20/2	<u>.</u>	
	Signature of Member or Authorized Rep Individual signing affirms that the facts sta	ated in this docum	ent are/true/Any false in	
	Signature of Member or Authorized Repres Printed Name: SAMUEL PELEIR			<u></u>
X	Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual( ion constitutes a t	s) signing affirm(s) that t	he facts stated in
K	Signature: SAMUEL PELG		PRESIDENT	<u></u>
	Signature:Printed Name:	Title:		<u>-</u>
	Signature:Printed Name:	Title:		<u> </u>
	Signature:Printed Name:			J
	Signature:Printed Name:	Title:		MAY 24 AHASSE
	Signature:Printed Name:	Title:		— FSTATE
	If Florida Corporation: Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected.	ctor, or Officer.		TE S
	If Florida General Partnership or Limited Signature of one General Partner.	Liability Partner	ship:	
	If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability 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) Page 2 of 2	· · · · · · · · · · · · · · · · · · ·	

#### 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 Lia	APPY SAM bility Company, the abbrev	iation "L.L.C.," or the designation "LLC.	<del>')</del>
ARTICLE II - Address: The mailing address and stree	et address of the prin	cipal office of the Limited Liab	ility Company is:
Principal Office Address:		Mailing Address:	
9075 West Sun Pontation, FL 33	rise Blud. 1322	9075 West Sun Plantation, FL	rise Blud. 33322
ARTICLE III - Registered A (The Limited Liability Company canno business entity with an active Florida		Office, & Registered Agent's S d Agent. You must designate an individua	ignature: al or another
The name and the Florida stre	et address of the reg	istered agent are:	12 M
_	SAMUEL P	ELED Name	HASSEE
Flo	9015 W. SU rida street address (I	JRISE BLVD P.O. Box NOT acceptable)	OF STATE
PLA	JIATION	FL 33322	Om .

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
"MGRM" = Managing Me	ember
MGA.	SAMUEL PECED
	9075 West Scurise Blud.
	Plantation, PL 33322
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
(Use attachment if necessa	arv)
`	
STREET TO ST. TOCK AT . 1	other than the date of filing: (OPTIONAL)
CITCLE V: Effective date, if	(OPTIONAL)
RTICLE V: Effective date, if	to
he effective date: 1) cannot b	e prior to nor more than 90 days after the date this document is filed
he effective date: 1) cannot b e Florida Department of Stat	te; AND 2) must be the same as the effective date listed in the attach effective date listed therein.)
he effective date: 1) cannot b e Florida Department of Stat	te; AND 2) must be the same as the effective date listed in the attach
he effective date: 1) cannot b e Florida Department of Stat	te; AND 2) must be the same as the effective date listed in the attach
he effective date: 1) cannot be Florida Department of Statertificate of Conversion, if an	te; AND 2) must be the same as the effective date listed in the attach
he effective date: 1) cannot be Florida Department of Statertificate of Conversion, if an	te; AND 2) must be the same as the effective date listed in the attach
he effective date: 1) cannot be Florida Department of Stater tificate of Conversion, if an EQUIRED SIGNATURE:	te prior to nor more than 90 days after the date this document is filed te; AND 2) must be the same as the effective date listed in the attach
he effective date: 1) cannot be Florida Department of State of Conversion, if an EQUIRED SIGNATURE:  Signature of a memi	te; AND 2) must be the same as the effective date listed in the attach effective date listed therein.)