L12-000147702

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 26 2012

COVER LETTER

Division of Corporations				
	CREAMGRY LLC f Resulting Florida Limited Company)	<u>_</u>		
	Articles of Organization, and fees are submitted Liability Company" in accordance wi			
Please return all correspondence concern	ing this matter to:			
RAT PATE (Contact Person)				
(Contact Person)				
(Firm/Company)		TAL	2	
13624 541 88	S ST.	CRET	72 MO	7
(Address)		AR) SSE	121	
MIRMI FL.	33186	10 P	±	M
(City, State and Zip Code	2)	105 115	⊒: Oo	
		NO.	<u>.</u>	Total Park
E-mail address: (to be used for future annual repo	ort notifications)	,	_	
For further information concerning this m	natter, please call:			
RAT PATER	at (305) 467-3640			
(Name of Contact Person)	(Area Code and Daytime Telephone Number	er)		
Enclosed is a check for the following amo	ount:			
\$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:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations P. O. Box 6327			
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

following "Other Business Entity" into a Florida Limited Liability Company in acc s.608.439, Florida Statutes.	ordance with
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificances is	ficate of
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a	ordance with ficate of ARTAHASSEE, FLORIDA
first organized, formed or incorporated under the laws of FLONIDA. (Enter state, or if a non-U.S. entity, the name of the country) on 2-10-2008 (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 ur which it is now organized, formed or incorporated:	porated)
4. The name of the Florida Limited Liability Company as set forth in the attached Arti Organization: KENDAL CREMERY, LLC (Enter Name of Florida Limited Liability Company)	. cles of
(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 filed by the Florida Department of State; AND 2) must be the same as the effective 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 ent conversion complies with such law(s) and the requirements of s.608.439, F.S., in effective	-

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 13 day of NOVE	MBGR 20 12	
Signature of Member or Authorized Reg Individual signing affirms that the facts st	ated in this document are true. Any fa	
Signature of Member or Authorized Representation Name:		
Signature(s) on behalf of Other Business E this document are true. Any false informa	<u> Cntity:</u> Individual(s) signing affirm(s) t	hat the facts stated in
Signature: Printed Name: ATT PATEL	• • •	
$oldsymbol{J}$		
Signature: Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	F/L IRNOV2.
Signature:Printed Name:	Title:	FEF FLOOR
Signature: Printed Name: Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Dire If Directors or Officers have not been selected.	ctor, or Officer. d, an Incorporator must sign.	AIE NRIDA
If Florida General Partnership or Limited Signature of one General Partner.		
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 Liebility Company is:
The name of the Limited Liability Company is:
KGNDARL CRAMERY, LLC
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
13624 SW 88TH ST. C SAME MIAMI F2. 33186
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: CAT PATEL AHABY OF STEEL Name 13624 SW 88 ST. Florida street address (P.O. Box NOT acceptable)
13624 SW 88 ST.
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33186
MINMI FL 33186 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

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Membe	PAT PATCL 9300 SW 75 ST. MIRMI FZ. 331	73_		
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Use attachment if necessary)		DRIE DRIED	00	•
effective date: 1) cannot be pri	than the date of filing: (OPTIONAL) for to nor more than 90 days after the date this ND 2) must be the same as the effective date lective date listed therein.)	OF STATE F. FLORID A document	oo	
JIRED SIGNATURE:				
	r an authorized representative of a member.			
Signature of a member or	- 11			nd