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pa 5-1870	
(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



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J. Shivers MAY 1 5 2014

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: TIJUAN	IA FLATS BURRITO	COMPANY, L	LC		
5030			of Resulting Florida		ed Company)	-
					d fees are submitted to eccordance with s. 605.1	
Please	return all corre	espondence concernin	g this matter to:			
Robe	ert P. Saltsmar	1				
		(Contact Person)				
ROB	ERT P. SALTS	SMAN, P.A.				
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
222 8	S. PENNSYLV	ANIA AVENUE, SU	ITE 200			
		(Address)				
Winte	er Park, FL 32	2790-2146				
	(0	City, State and Zip Code)				
BOB	@SALTSMAN	IPA.COM				
E-n	nail Address: (to be	e used for future annual re	port notifications)			
For fu	rther information	on concerning this ma	tter, please call:			
Nanc	y J. Calhoun		at (407	647-	-2899	
	(Name of Contact	ct Person)	_ \	(Day	rtime Telephone Number)	-
Enclo	sed is a check for	or the following amou	nt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRESS	S:	MAILI	NG A	ADDRESS:	
	ration Section		Registra			
Divisi	on of Corporati	ons			Corporations	
	n Building		P. O. Bo			
26611	Executive Cente	er Circle	Tallahas	sece l	FL 32314	

INHS11 (02/14)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

s of Conversion is:
name of the country)
les of Organization:
90 days after the same as the effective in.)
TALLAHA
•

Signed this	day of MAY	20 <u>14</u>			
•	thorized Representative of Lim				
Signature of Auth Printed Name:	norized Representative:	Title:	_		
Signature(s) on b	ehalt of Other Business Entity:	[See below for required signature(s).]			
Signature:	AN JAMES WHEELER	Title: DIRECTOR	_		
Signature:	CK CAMP FITCH, JR.	Thie. Dividoron	_		
Printed Name: JA	CK CAMP FITCH, JR.	Title: DIRECTOR	- -		
Signature: Printed Name:		Title:	- -		
Signature: Printed Name:		Title:	- -		
		_ Title:			
Signature:		Title:			
If Florida Corpor Signature of Chair		Officer.	-		
If Florida Genera Signature of one G	ll Partnership or Limited Liabili eneral Partner.	ty Partnership:			
If Florida Limited Signatures of ALL	l Partnership or Limited Liabilit General Partners.	v Limited Partnership:			
All others: Signature of an aut	horized person.		TALL SEU	14	
Fees:			AHAS	MAY-	a lating
		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SSEC. FLORIO	-9 EMI: #	The standard of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	Γ	F	ī .	Na	me:

The name of the Limited Liability Company is:

TIJUANA FLATS BURRITO COMPANY, 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:	Mailing Address:
7608 UNIVERSITY BLVD.	9439 FOREST CITY ROAD
	SUITE 1000
WINTER PARK, FL 32792	ALTAMONTE SPRINGS, FL 3271

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:

NICOLE DIPIETRO	
Na	me
9439 FOREST CITY R	OAD, SUITE 1000
Florida street address (P.	O. Box NOT acceptable)
LONGWOOD	FL 32750
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager MGR BRIAN JAMES WHEELER 9439 FOREST CITY ROAD, SUITE 1000 ALTAMONTE SPRINGS EL 32714	The	RTICLE IV- e name and address of eac empany:	h person authorized to manage and control the Limited Liability
MGR BRIAN JAMES WHEELER 9439 FOREST CITY ROAD, SUITE 100	"(A)	\overline{MBR} " = Authorized Men	
71277 0001112 01 1111100, 12 027 14			
MGR JACK CAMP FITCH, JR. 9439 FOREST CITY ROAD, SUITE 100 ALTAMONTE SPRINGS, FL 32714	MC	<u>GR</u>	9439 FOREST CITY ROAD, SUITE 100
(Use attachment if necessary)	(Us	se 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.) ARTICLE VI: Other provisions, if any.	f an effec or 90 day	tive date is listed, the da ys after the date of filing.	e must be specific and cannot be more than five business days pri-
REQUIRED SIGNATURE:	RE	OUIRED SIGNATURE	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	constitu I am av	cordance with section 605 cutes an affirmation under ware that any false information a third degree felony	0203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are frue. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
BRIAN JAMES WHEELER Typed or printed name of signee		BRIAN JAME	S WHEELER

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)