

L14000101555

(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



800255869938

01/27/14--01014--025 \*\*155.00

2014 JUN 25 10:03 AM  
CLERK OF COURT  
CLERK

B. BOSTICK

JUN 25 2014

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SISK RESTAURANT REPAIR L.L.C.

(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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

IKEYSHA PEGUES

(Contact Person)

SISK RESTAURANT REPAIR SERVICES

(Firm/Company)

2791 EAGLE LAKE DRIVE

(Address)

CLERMONT FLORIDA 34711

(City, State and Zip Code)

SISKREPAIR@GMAIL.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

IKEYSHA PEGUES

at ( 407 ) 758-3028

(Name of Contact Person)

(Area Code) (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

☐ \$185.00 Filing Fees,  
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 **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
SISK RESTAURANT REPAIR SERVICES INC

(Enter Name of Other Business Entity)

PI0000017377

2. The "Other Business Entity" is a CORPORATION  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA  
on FEB 25, 2010  
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
SISK RESTAURANT REPAIR L.L.C.  
(Enter Name of Florida Limited Liability Company)

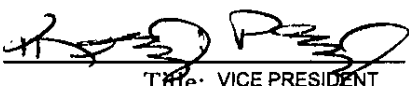
4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

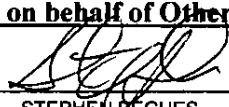

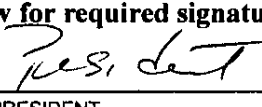
FILED  
MAR 10 2010  
TALLAHASSEE  
FLORIDA  
CLERK OF THE CIRCUIT COURT


Signed this 21 day of JANUARY 20 14.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: IKEYSHA PEGUES Title: VICE PRESIDENT

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature:     
Printed Name: STEPHEN PEGUES Title: PRESIDENT

Signature:   
Printed Name: Keysha O. Pegues Title: VP

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

RECEIVED  
JAN 24 10 04 AM  
2014

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SISK RESTAURANT REPAIR L.L.C

(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:

2791 EAGLE LAKE DRIVE  
CLERMONT, FLORIDA 34711

#### Mailing Address:

P.O. BOX 1501  
MINNEOLA, FLORIDA 34755

### 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:

IKEYSHA PEGUES

Name

2791 EAGLE LAKE DRIVE

Florida street address (P.O. Box **NOT** acceptable)

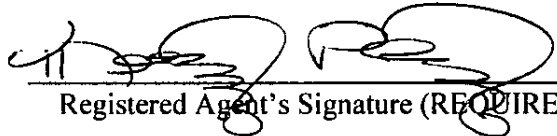
CLERMONT

City

FL 34711

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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

STEPHEN PEGUES

2791 EAGLE LAKE DRIVE

CLERMONT, FLORIDA 34711

MGR

2791 EAGLE LAKE DRIVE

2791 EAGLE LAKE DRIVE

CLERMONT, FLORIDA 34711

MGR

SAQUITTA PEGUES

2791 EAGLE LAKE DRIVE

CLERMONT, FLORIDA 34711

MGR

KENNEQUEA PEGUES

2791 EAGLE LAKE DRIVE

CLERMONT, FLORIDA 34711

(Use 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.

**REQUIRED 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.)

IKEYSHA PEGUES

Typed or printed name of signer

**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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2014

IKEYSHA PEGUES  
2791 EAGLE LAKE DRIVE  
CLEARMONT, FL 34711

SUBJECT: SISK RESTAURANT REPAIR SERVICES, INC  
Ref. Number: P10000017377

We have received your document for SISK RESTAURANT REPAIR SERVICES, INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00002156

2014 FEB 12 12:45 PM  
614A00002156



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2014

IKEYSHA PEGUES  
SISK RESTAURANT REPAIR SERVICES  
2791 EAGLE LAKE DRIVE  
CLERMONT, FL 34711

SUBJECT: SISK RESTAURANT REPAIR SERVICES, INC  
Ref. Number: P10000017377

We have received your document for SISK RESTAURANT REPAIR SERVICES, INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00003568

2014 FEB 24 PM 2:46  
614A00003568