

L14000187578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

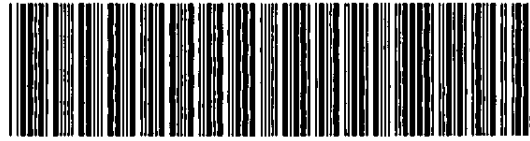
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Effective date
3/26/13

W14-47572

Office Use Only



500262234825

Cert of Conv.

L14-187578

07/14/14--01052--002 **128.75

10/31/14--01001--014 **21.25

FILED
14 NOV 26 PM 12:01
RECEIVED
TALLAHASSEE, FLORIDA

DEC -9 2014

N. CAUSSEAU

COVER LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: MIA 305 CUISINE LLC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

MIA 305 CUISINE LLC.
Name (printed or typed)

1475 NW 30th MIAMI FL 33142
Address

MIAMI FL 33142
City, State & Zip

404-934-4102
Daytime Telephone Number

ebellone@yahoo.com
E-mail address: (to be used for future annual report notification)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIA 305 CUISINE LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

ANTONIO L WALLACE II
(Contact Person)

MIA 305 CUISINE LLC
(Firm/Company)

1475 NW 30 ST
(Address)

MIAMI FL 33142
(City, State and Zip Code)

ebellune@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ANTONIO L WALLACE II at (404) 934-4102
(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

*Att - Agnes Hunt
\$21.25*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2014

ANTONIO WALLACE
1475 NW 30 ST.
MIAMI, FL 33142

SUBJECT: MIA 305 CUISINE LLC
Ref. Number: W14000047572

We have received your document for MIA 305 CUISINE LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$21.25.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 314A00016674



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

ANTONIO WALLACE
1475 NW 30 ST.
MIAMI, FL 33142

SUBJECT: MIA 305 CUISINE LLC
Ref. Number: W14000047572

We have received your document for MIA 305 CUISINE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 214A00023281



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2014

ANTONIO WALLACE
1475 NW 30 ST.
MIAMI, FL 33142

SUBJECT: MIA 305 CUISINE LLC
Ref. Number: W14000047572

We have received your document for MIA 305 CUISINE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

You must correct #2 (THE ENTITY TYPE: CORPORATION, LLC, LIMITED PARTNERSHIP, GENERAL PARTNERSHIP.) You must also give us the original State/Country the entity was organized. If this is an LLC it CANNOT be "FLORIDA."

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 514A00024203

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles 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 the Articles of Conversion is:
MIA 305 CUISINE LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a MIA 305 CUISINE LLC
(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 Georgia
on 3/26/2013
(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**:
MIA 305 CUISINE LLC
(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 all applicable statutes.

FILED
14 NOV 26 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 14th day of October 2014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: ANTONIO L. WALLACE II Title: President

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

Signature: [Signature]
Printed Name: ANTONIO L. WALLACE II Title: President

Signature: _____
Printed Name: _____ Title: _____

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)

SECRET
TALLAHASSEE
14 NOV 26 PM 12:01
FILE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIA 305 CUISINE 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:

1475 NW 30 ST
MIAMI FL 33142

Mailing Address:

1475 NW 30 ST
MIAMI FL 33142

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:

ANTONIO L WALLACE II
Name

1475 NW 30 ST
Florida street address (P.O. Box **NOT** acceptable)

MIAMI City FL 33142 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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

~~MIA 305 CUSWELLE
1475 NW 30 ST
MIAMI FL 33142~~

ANTONIO L WALLACE II

(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.)

ANTONIO L WALLACE II

Typed or printed name of signee

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)

SECRET
TALAMON, ELLIOTT, & ASSOCIATES, P.A.
14 NOV 26 PM 12:01
FILE