

L15000055430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

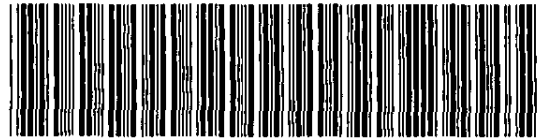
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~0005 150412~~ ~~0007 150412~~

Office Use Only



500267691615

03/03/15--01001--004 **150.00

RECEIVED
DEPARTMENT OF STATE
15 MAR - 2 PM 1:42

2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 30 2015
J. HARRIS

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. GRAPE CORP _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other <u>conversion</u>

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2015

FILINGS, INC. / TERESA ROMAN

SUBJECT: UNIFORMS UNIQUE, LLC
Ref. Number: W15000018410

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAR 27 AM 10: 15

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for UNIFORMS UNIQUE, 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):

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 filing 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 515A00005229

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 27 PM 12: 43

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2015

FILING, INC. / TERESA ROMAN

SUBJECT: GRAPE CORP LLC
Ref. Number: W15000015097

2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for GRAPE CORP 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):

- ✘ The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.
- ✘ 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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.
- ✘ The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000157272 "GRAPES LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00004308

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:
Uniforms Unique, Inc. F67109
(Enter Name of Other Business Entity)

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 February 2, 1982
(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**:
Uniforms Unique, 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
2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 13 day of March 20 15.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Elizabeth Corbitt Title: Manager

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

Signature: [Signature]
Printed Name: Elizabeth Corbitt 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)

FILED
2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

UNIFORMS UNIQUE, LLC

ARTICLE I

Name

The name of the Limited Liability Company is: Uniforms Unique, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1245 King Street
Jacksonville, FL 32204

Mailing Address:
1245 King Street
Jacksonville, FL 32204

ARTICLE III

Registered agent, registered office, & registered agent's signature

The name and the of the Florida street address of the registered agent are:

Elizabeth Corbitt
12380 County Road 121
Bryceville, FL 32009

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.



Signature of Registered Agent

3/13/15

Date

2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV

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

Title: Manager

Name and Address:

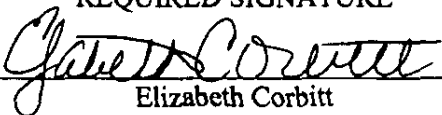
Elizabeth Corbitt
1245 King Street
Jacksonville, FL 32204

ARTICLE V

Management

The Limited Liability Company is to be a manager-managed company, and its initial manager is Elizabeth Corbitt.

REQUIRED SIGNATURE


Elizabeth Corbitt

Signature of 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 affirmance 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.

2015 MAR 27 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED