L15000105088

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL .	
(Bu	siness Entity Nan	ne)	
	• . *		
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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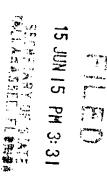
Office Use Only



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JUN 1 8 2015 S. GILBERT



COVER LETTER

Division of Corpora			
SUBJECT:	NIESSA	VENEZIAN	TA, LLC 1 Company)
	(Name of F	Resulting Florida Limited	d Company)
			d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspond	dence concerning th	nis matter to:	
CATIA	BATES ntact Person)		
(Cor	itact Person)		
	VENEZI A. n/Company)	NA, LLC	
<u>524 I</u>	<u>3LE OF C</u> Address)	APRI DRIVE	
FT. LAUDE	KOME, FL nte and Zip Code)	33301	
E-mail Address: (be used to	for future annual report	notifications)	
For further information con	cerning this matter	, please call:	•
Suzanne Weis (Name of Contact Person	. a	1(954) 5	65-4333
(Name of Contact Perso	on)	(Area Code) (Dayı	ime Telephone Number)
Enclosed is a check for the	following amount:		
	ertificate of ar] \$180.00 Filing Fees nd Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration S	ection
Division of Corporations	Division of Corporations Division of Corporations		
	Clifton Building P. O. Box 6327		
2661 Executive Center Circ Tallahassee, FL 32301	ele	Tallahassee, F	TL 32314

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLOKIOA
on 08 13 1992 (date of organization, formation or incorporation) Document # V57 259 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CONTESSA VENEZIANA, LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Olo 15 3015. (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager M 6 L	CATIA BATES 534 ISLE OF CAPRIDAVE
	534 ISLE OF CAPRIDAVE FT LANDERPALE, PC 33301
MGC	JAMES T. BATES
	524 ISLE OF PAPRI DUNE PT. LANDERDPLE, PL33301
	
or 90 days after the date of filing.) 11: If the date inserted in this block does nument's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be listed
TICLE VI: Other provisions, if any	y.
RTICLE VI: Other provisions, if any REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation under to 1 am aware that any false information with section 60 constitutes and affirmation under to 1 am aware that any false information with the section of the se	
REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony a	nember or an authorized representative of a member. 5.0205 (3), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Signature of a m (In accordance with section 60: constitutes an affirmation under to a management of the section of the secti	nember or an authorized representative of a member. 5.0205 (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State

Page 2 of 2

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

ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Mu	CONTESSA st end with the words "Lim	VEN ited Liability Co	EZIANA impany, "L.L.C.," o	A, LLC.")		
ARTICLE II - Ad		. Cal	1 . 00 0 . 1	,	tille G	
the maiting addres	s and street address	of the princi	pai office of the	e Limited Lia	bility Comp	any is:
Principal Office A	ddress:	<u>M</u>	ailing Addres	<u>s:</u>		
524 ISLE FT. LANDEC 332	OF CAPPIDRI DALE, FL	VE E	- SAN)E		
(The Limited Liability Co	egistered Agent, Re ompany cannot serve as its o active Florida registration.)					
The name and the F	Florida street address	~	-		THE SECOND	
	CATI	9 BA-	1E5		MI IV	g H gangaran H ramanan
		Name	185		\$ 10 m	
	5211	1,10	CAPLI	Device		₽
	Florida street addre	PO CE C	NOT popular	blo)		ب الله د
		`				ಳ
	FT. LAUDER City	PALE	FL 33=	30/		
	City		Zip			
liability compo registered agent o statutes relating	ned as registered age any at the place designed agree to act in the to the proper and colligations of my positions.	mated in this is capacity, omplete perfu on as registed	certificate, I he I further agree rmance of my d	ereby accept () to comply with duties, and I a ovided for in C	he appointm h the provisi m familiar w	ent as ons of al vith and

Page 1 of 2

(CONTINUED)

Signed this 9th day of June	2015			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: Printed Name:				
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature:				
Signature: Printed Name: CATIA BATES	Title:			
Signature: Printed Name: JAMES 7. BATES	Title: D			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title			
Trimed Ivanie.				
Signature: Printed Name:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			