

L15000111083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

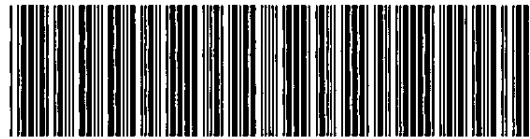
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WLS-41966

Office Use Only



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06/15/15--01030--017 \*\*150.00

SECRETARY OF STATE  
PALM BEACH, FLORIDA

15 JUN 29 PM 4:03

APPROVAL  
AND  
FILED

111

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Manfredi 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:

Natalie Manfredi  
(Contact Person)

Papa Louie's Restaurant  
(Firm/Company)

7240 S US1  
(Address)

Port St. Lucie, F.L. 34952  
(City, State and Zip Code)

Natalie\_1120@yahoo.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Natalie Manfredi at (772) 204-3006  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>( \$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2015

NATALIE MANFREDI  
PAPPA LOUIE'S RESTAURANT  
7240 S US 1  
PORT ST. LUCIE, FL 34952

SUBJECT: MANFREDI LLC  
Ref. Number: W15000041966

We have received your document for MANFREDI 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 must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00012734

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

APPROVED  
AND  
FILED  
15 JUN 29 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
manfredi Inc. P15-20807  
(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 03-01-2015  
(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**:  
Manfredi 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.)  
**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.

Signed this 2<sup>nd</sup> day of June 20 15.

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AND  
FILED

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

15 JUN 29 PM 4: 03

Signature of Authorized Representative: Natalie Manfredi  
Printed Name: Natalie Manfredi Title: President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Signature: Michelle Manfredi  
Printed Name: Michelle Manfredi Title: Owner

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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Manfredi LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

Pappa Louie's Restaurant  
7240 SUSI  
Port St. Lucie, F.L. 34952

### Mailing Address:

Pappa Louie's Restaurant  
7240 SUSI  
Port St. Lucie, F.L. 34952

## 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:

Natalie Manfredi

Name

440 SE Skipper Ln

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

Port St. Lucie FL 34983

City

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JAN 29 PM 4:09

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FILED

*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..*

Natalie Manfredi

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

MGR

**Name and Address:**

Natalie Manfredi  
440 SE Skipper Ln  
Port St. Lucie, F.L. 34983

Michelle Manfredi  
440 SE Skipper Ln  
Port St. Lucie, F.L. 34983

APPROVED  
AND  
FILED

18 JUN 29 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((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.))

**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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Natalie Manfredi

Signature of a member or an authorized representative of a member.

((In accordance with section 605.0205 (3), 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.))

Natalie Manfredi

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)