L15000/30895

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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T. SCOTT



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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:
ANYAMANER ENTER PRISES INC - PISCOUD 28898
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 03 27 15 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Kenkou Japanese Restaurant LLC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Profita Emined Elability 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

Page 1 of 2

Signed this 27th day of July	_20 <u>15</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Anyo Printed Name: Anyo Manee Chaiya Por	mm Chavyapor
Printed Name: ANYAMQUEE Chaigapore	V Title: OWNER Presdant
Signature(s) on behalf of Other Business Entity:	·
Signature:	
Printed Name: SURIVACHAT LAO HAPAHALE	leafitle: V.P
•	
Signature: Printed Name:	Title:
Trined Hame.	
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	T'A
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
10Th 11 G	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one deficial Lattice.	
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

business entity with an active Florida registration.)

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,

The name and the Florida street address of the registered agent are:		
Anyamanee ChaiyaPorn Name 6341 Bay Club Drive #2 Florida street address (P.O. Box NOT acceptable)		
Fort Lauderdale FL 33308 City Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciated agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am fami accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	ointme rovisio liar wi	nt as ns of all th and
(CONTINUED) Page 1 of 2	15 JUL 31	
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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Surivachat LAOHAPattaval
"AMBR"	2511 Ne 10th Ave
11	POMPANO Beach FL 33064
"MGR"	HNYAMANER Chaira PORN 6341 Bay Club Prive # 2
	Fort Landerdgle FL 33308
•	
	he date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of States.	st be specific and cannot be more than five business days pretent the applicable statutory filing requirements, this date will not be listed as
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of States.	st be specific and cannot be more than five business days pretent the applicable statutory filing requirements, this date will not be listed as
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of States.	st be specific and cannot be more than five business days pretent the applicable statutory filing requirements, this date will not be listed as
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meetent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be listed as the seconds.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felorical effective date in I am aware that any false infor constitutes a third degree felorical effective date in I am aware that any false infor constitutes a third degree felorical effective date in I am aware that any false information of the constitutes at third degree felorical effective date in the d	et the applicable statutory filing requirements, this date will not be listed as te's records. Der or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet the ent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felorical state.	et the applicable statutory filing requirements, this date will not be listed as te's records. Der or an authorized representative of a member. A accordance with section 605.0203 (1) (b), Florida Statutes. Transmitted in a document to the Department of State

ARTICLE IV;