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(Re	questor's Name)	
(Ade	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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15 OCT 21 FM 2: 44

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COVER LETTER

TO:	Registration S Division of C					
SUB.	IECT: Yes Nake	d Taco SOBE, LLC				
			of Resulting Flor	da Limite	ed Company)	-
					d fees are submitted to occordance with s. 605.10	
Pleas	e return all corre	espondence concerning	g this matter to) :		
Ralph	R. Pagano			_		
		(Contact Person)				
Yes D	ream, LLC					
		(Firm/Company)				
1951	NW 7th Avenue, S	uite 110		···		
		(Address)				
Miam	i, FL 33136					
	((City, State and Zip Code)		_		
pagan	oralph@gmail.com	1				
E-1	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther informati	on concerning this ma	tter, please cal	I:		
Ralph	R, Pagano		_at (307-5	5850	
	(Name of Conta	ct Person)	(Area Co	de) (Day	ytime Telephone Number)	-
Enclo	sed is a check f	or the following amou	nt:			
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis	EET ADDRES stration Section ion of Corporat		Regi	stration	ADDRESS: Section Corporations	15 0

P. O. Box 6327

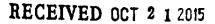
Tallahassee, FL 32314

INHS11 (06/15)

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2015

RALPH R. PAGANO 1951 NW 7TH AVENUE SUITE 110 MIAMI, FL 33136

SUBJECT: YES NAKED TACO SOBE, LLC

Ref. Number: W15000067911

We have received your document for YES NAKED TACO SOBE, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 515A00021680

15 OCT 21 PH 2: 44

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED 15 OCT 21 PH 2: 44

GEORETARY OF STATE CALLAHASSEE, FLORIDA

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.

(Enter	Name of Other Business Entity) P1300101561
2. The "Other Business Entity" is a	corporation
Ö	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ted under the laws of Florida
01/01/2014	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incompared to the control of t	rporation)
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization:
Yes Naked Taco SOBE, LLC	
(Enter Name of	f Florida Limited Liability Company)
	g, enter the effective date: 10/01/2015
If not effective on the date of filin	y, enier ine effective oare:
(The effective date: 1) cannot be p date this document is filed by the F date listed in the attached Articles	rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; AND 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

Signed this day of August	, 20 <u>15</u> .	
Signature of Authorized Representative of Livin	ted Liability Company:	
Signature of Authorized Representative:	Title: Sole Member of Sole Member	_
Signature: Signature:	[See below for required signature(s)]	
Printed Name: Kalph R. Pagano	Title: President	- -
Signature: Printed Name:	Title	
		_
Signature:Printed Name:		-
Signature:Printed Name:	TVAL	_
Printed Name:	i nie:	_
Signature:Printed Name:	Title:	- -
Signature:		_
Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	corporator must sign.	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
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)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT 21 PH 2: 44

SECRETARY OF STATE

Yes Naked Taco SOBE, 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:	Maning Address:
1951 NW 7th Avenue, Suite 110	1951 NW 7th Avenue, Suite 110
Miami, FL 33136	Miami, FL 33136

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:

Ralph R. Pagano	
-	Name
1951 NW 7th Avenu	ne, Suite 110
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Miami	FL 33136
Ci	ty 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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Yes Dream, LLC
AMDR	1951 NW 7th Avenue, Suite 110
	Miami, FL 33136
	·
(Use attachment if necessary)	e date of filing: 09/01/2015 (OPTIONAL)
TICLE V: Effective date, if other than the n effective date is listed, the date must 90 days after the date of filing.)	e date of filing: 09/01/2015 . (OPTIONAL) be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed is records.
TICLE V: Effective date, if other than the n effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be lister's records.
FICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be listed
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FICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State	be specific and cannot be more than five business days the applicable statutory filing requirements, this date will not be lister's records.
PICLE V: Effective date, if other than the neffective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State STELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false information.	the applicable statutory filing requirements, this date will not be lister's records.

Page 2 of 2

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-