# L16000043580

(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:
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SECRETARY OF STATE

03-04-1

## **COVER LETTER**

то:	Registration S Division of C					
SUBJ	ECT: Premier I	Kitchen Services, LLC				
		(Name	of R	esulting Florida	Limite	ed Company)
The e	nclosed Article ess Entity" into	s of Conversion, Artic a "Florida Limited Li	les abi	of Organizatio lity Company	on, ar " in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g th	is matter to:		
Tracy	Rodrigues					
		(Contact Person)		·		
Premie	r Kitchen Service	S				
		(Firm/Company)				
7520 N	IW 13th St					
_		(Address)				
Plantat	ion, FL 33313					
	((	City, State and Zip Code)				
premie	rkitchenservices@	gmail.com				
E-m	nail Address: (to b	e used for future annual rep	ort	notifications)		
For fu	rther information	on concerning this mat	ter,	please call:		
Tracy I	Rodrigues		at	(561	756-4	1057
·	(Name of Conta	ct Person)			(Day	rtime Telephone Number)
Enclos	sed is a check for	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		I\$180.00 Filing I d Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Cliftor 2661 I	ET ADDRESS ration Section on of Corporati Building Executive Center assee, FL 3230	ons er Circle		Registra Divisior P. O. Bo	ition ( n of C ox 63)	Corporations

### **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 Premier Kitchen Services, Inc.	of Conve	rsion i	s:
(Enter Name of Other Business Entity)	<u>≓</u> i .		
2. The "Other Business Entity" is a Corporation	ALL.	16 F	megan
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	RETAE	EB 21	flemann manastr fl:
First organized, formed or incorporated under the laws of		<u>추</u> 2	
on 02/10/2015 (Enter state, or if a non-U.S. entity, the nation of organization, formation or incorporation)	MESTATE:	55)	Contract
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Org	anizat	ion:
Premier Kitchen Services, LLC			
(Enter Name of Florida Limited Liability Company)  4. If not effective on the date of filing, enter the effective date: 2/22/14.  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; AND 2) must be the s date listed in the attached Articles of Organization, if an effective date is listed therei Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as th n.)	e effec	ctive
5. The plan of conversion has been approved in accordance with all applicable statutes.			

Page 1 of 2

Signed this 19 day of February	20_16
Signature of Authorized Representative of Lim	ited Liability Company:
$\mathcal{A}$	~
Signature of Authorized Representative:	<u> </u>
Printed Name: Tracy Rodrigues	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: ( May D	
Printed Name: Tracy Rodrigues	Title: Owner
Signature:	
Printed Name:	Title:
01	
Signature:	Trul
Printed Name:	I (tie:
Signature:	
Printed Name:	Title:
	- D
Signature:	\$
Printed Name:	Title:
	(A)
Signature:	<u></u>
Printed Name:	Title:
Tarri II o	Ö:
If Florida Corporation:	O
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
lf Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	ty turnersmp.
<u>If Florida Limited Partnership or Limited Liabili</u>	ty 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 \$30.00 (Ontional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compar	ny is:		
Premier Kitchen Services, LLC			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC		
ARTICLE II - Address:			
The mailing address and street address of t	the principal office of the Lim	ited Liability Cor	npany is:
Principal Office Address:	Mailing Address:		
7520 NW 13th St	7520 NW 13th St		
Plantation, FL 33313	Plantation, FL 33313		
7520 NW 13th St	Registered Agent. You must designate	gent's Signatur an individual AHASSEE.FLORIDA	IS FEB 25 PM 4: 50
City	Ζιp		

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

"AMBR"	= Authorized Me	ember	Name and Address:		
	Manager				
MGR			Tracy Rodrigues		
			7520 NW 13th St		
			Plantation, FL 33313		
MGR			Ismael Rodrigues		
			7520 NW 13th St	95	
			Plantation, FL 33313	Þγ	_ <del>_</del> = = <del>_</del> = = = = = = = = = = = = = = = = = = =
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CLE V: Effective da days after the date inset's effective of CLE VI: Ot	fective date, if other is listed, the description of the date of filing red in this block does date on the Department of the provisions, if the signature of this document is explain a ware that any	ner than the clate must b g.) es not meet the ent of State's i any.  E:  a member executed in accifalse informat	e specific and cannot be mor	tive of a member	ess da
TLE V: Effective days after the date insert's effective date.	fective date, if othe ite is listed, the der the date of filing red in this block does date on the Department of the provisions, if the provisions, if the signature of this document is explain a ware that any constitutes a third definition of the signature of t	ner than the of late must be g.) es not meet the ent of State's reany.  E:  a member receuted in accordalse informat egree felony as	e specific and cannot be more applicable statutory filing requiremercords.  or an authorized representate ordance with section 605.0203 (1) (bion submitted in a document to the E	tive of a member	ess da

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-