# L/60006/22/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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# SECRETARY OF STATE TALLAHASSEE, FLORIDA

# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2016

ALEEM KANJI 730 W. COLONIAL DR ORLANDO, FL 32804

SUBJECT: WESTWOOD LAUNDROMAT AND BEVERAGES, LLC

Ref. Number: W16000014196

We have received your document for WESTWOOD LAUNDROMAT AND BEVERAGES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 116A00003977

#### **COVER LETTER**

TO:	Registration S Division of C					
SUBJ	ECT: WESTWO	OOD LAUNDROMAT A	ND BEVERAGES, L	LC		
		(Name	of Resulting Florida I	Limite	ed Company)	
					d fees are submitted to convert an accordance with s. 605.1045, F.S.	ı "Other
Please	e return all corre	espondence concernin	g this matter to:			
ALEE	м капл					
		(Contact Person)				
FINA	NCIAL ACCOUN	TING SERVICES PLC				
		(Firm/Company)				
730 W	COLONIAL DR					
		(Address)				
ORLA	NDO, FL 32804					
	·	City, State and Zip Code)				
FINA	.v. CCTSVC@GMAII	•				
	-	e used for future annual re	port notifications)			
For ft	irther information	on concerning this ma	tter, please call:			
ALEE	M KANJI		at ()	423-2	2371 	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo	sed is a check f	or the following amou	int:			
(\$25 fc & \$12.	50.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporat on Building Executive Cent	ions	Registra Divisior P. O. Bo	tion S n of C ox 63	Corporations	

INHS11 (06/15)

Tallahassee, FL 32301

# 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 Busin WESTWOOD LAUNDROMAT AND	ess Entity" immediately prior to the filing of the Articles of Conversion is: BEVERAGES, INC.
(E	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	s a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of
08/01/1995	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	ncorporation)
3. The name of the Florida Limit WESTWOOD LAUNDROMAT AND	ed Liability Company as set forth in the attached Articles of Organization: BEVERAGES, LLC
(Enter Nar	ne of Florida Limited Liability Company)
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Article.	filing, enter the effective date:  Description to date of receipt or filed date nor more than 90 days after the ne Florida Department of State; AND 2) must be the same as the effective description, if an effective date is listed therein.)  The short of State's records.
5. The plan of conversion has bee	en approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 12 day of Schrany	20 16
Signature of Authorized Representative of Lin	
Signature of Authorized Representative: X Printed Name: JAIMIN PATEL	Title: MEMBER
Signature(s) on behalf of Other Business Entity	V
Signature: Printed Name: JAIMIN PAPEL	
Printed Name: JAIMIN PAVEL	Title: PRESIDENT
Signatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatures	
Signature:Printed Name:	Title
A 41/1/44 \$ 1 MILLION	LIEVI
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Tiele
Fillited Name:	11116;
If Floride Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, and	or Officer. Incorporator must sign.
If Florida General Partnership or Limited Liab	Hity Partnershin
Signature of one General Partner.	THE Y WY PHE BUILD.
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	llity Limited Partnership:
All others: Signature of an authorized person.	

16 MAR 25 PM 4: 25

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TALL AHAGGER PLORID
ARTICLE I - Name: The name of the Limited Liability Com	·
WESTWOOD LAUNDROMAT AND BEVE	RAGES, LLC
	nited 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:	Malling Address:
907 MARTIN LUTHER KING BLVD OCALA, FL 34475	
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
JAIMIN PATEL	
	Name
907 MARTIN LUTHE Florida street addr	ess (P.O. Box NOT acceptable)
OCALA	FL 34475
City	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..

V

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title:		Name and Address:
"AMBR" = Author		
"MGR" = Manage	r	TABLES COLUMN
MGRM	_	JAIMIN PATEL
		907 MARTIN LUTHER KING BLVD OCALA, FL 34475
		OCALA, FL 344/3
		•
	-	
	•	**************************************
<u></u>	<del>-</del>	V
	•	
	_	
(Use attachment if		A COLUMN (APPROXIES)
CLE V: Effective de effective date is liste 0 days after the dat f the date inserted in this	etc, if other than the date ed, the date must be see of filing.) s block does not meet the act Department of State's rec	the of filing: (OPTIONAL)  specific and cannot be more than five business days  pplicable statutory filing requirements, this date will not be lister  cords.

, . , . .