# L16000082312

(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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Office Use Only

APR 2 8 2016, T. SCOTT



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### **COVER LETTER**

10.	Division of C					
SUBJ	ECT:	Halo	Express	Coffee	lic	_
		(Name	of Resulting F	orida Limited	Company)	
					fees are submitted to cordance with s. 605.1	
Please	return all corre	espondence concerni	ng this matter	to:		
	Anto	nony Pavek		<u>.</u>		
	`	(Cortact Person)				
-	- 0	(Firm/Company)	)	<del></del>		
	3954	Van Vyle (Address)	d SE	313		
	Tampo	Fi 3355	B			
	/ (0	City, State and Zip Code)	•			
	ALAVE	Ka Holond co	m			
E-n	nail Address: (to be	e used for future annual r	eport notification	ns)		
For fu	rther information	on concerning this ma	atter, please o	all:		٠
	Anllow	<b>V</b> 11	220	/	21117	
<del></del>	(Name of Conta	Ct Person)	at (305	(Davi	ime Telephone Number)	_
	,	,	·	ode) (Dayı	inie Terephone Number)	
Enclo	sed is a check for	or the following amo	unt:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	☐\$180.00 F and Certified		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRE	ET ADDRESS	S:	M	AILING AI	DDRESS:	
_	ration Section			gistration Se		
	on of Corporati	ons		vision of Co		
	n Building Executive Cente	er Circle		O. Box 632' llahassee, Fl		
			1 4		- VAULT	

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

### Florida Limited Liability Company

"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 fitting of the Articles of Conversion is:  Held Explass Coffee 2x - 16 4444 3 4444 4444 4444 4444 4444 4444
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on $\frac{100.100}{100.0000}$ (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:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $\frac{\partial \mathcal{V}}{\partial \mathcal{V}} = \frac{\partial \mathcal{V}}{\partial \mathcal{V}} = \frac{\partial \mathcal{V}}{\partial \mathcal{V}}$ (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.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 3 day of 1011	20 (6
Signature of Authorized Representative of Limi	ted Liability Company
Signature of Authorized Representative:  Printed Name: Friend Park	Mylha Pakasa
Printed Name: Fhthony 1946	Title: /'chasing laiting
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: Anthony Parell	Title: MGR
Signature:  Printed Name: Julie Boron	
Printed Name: Julie Born	Title: Mak
Signature:Printed Name:	Title
Timed Ivanio.	
Signature:	
Printed Name:	Title:
S:	
Signature:Printed Name:	Title
Timed Name.	inte.
Signature:	
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 Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Halo Express Coffee UU  (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 Compay is:
Principal Office Address:  Mailing Address:
3959 van Dyke Rd STE 313 tampe fi 33558
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:
Anthan Korl
Name
3959 van Pyle Rd 5TE 313
Florida street address (P.O. Box NOT acceptable)
tonfil FL 33558  City Zip
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
Registered Agent's Signature (REQUIRED)
(CONTINUED) 99

Page 1 of 2

Title	Nome and Address
<u>Title:</u> "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	
MGP-	Anthony Parell
11910	3555 Van OYGE Rd 51E 3B
	Lutz F1 33558
MGR	Julie Born
	3955 Ven Dyte le STE 313
	lutz_ [] 33558
	<del></del>
(Han attachment !f	
(Use attachment if necessary)	
•	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL)
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-