L/6000232896

•
- (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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2 12/29/16

COVER LETTER

TO:	Registration S Division of C				
SUBJ	IECT: AYCOLI	FRESH LLC			
		(Name	of Resulting Florida L	imited	d Company)
					d fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
HAGA	AI LERER				
		(Contact Person)			
AYCC	OLD FRESH INC				
		(Firm/Company)			
1501 1	NW 12TH AVENU	JE			
		(Address)	_		
POME	ANO BEACH, FI	. 33069			
	(1	City. State and Zip Code)			
LEGA	L@AYCOLDFR	ESH.COM			
E-1	nail Address: (to b	be used for future annual re	port notifications)		
For fu	urther informati	on concerning this ma	tter, please call:		
HAGA	AI LERER		_at ()5	71-76	600
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)
Enclo	sed is a check t	for 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 Fe and Certified Copy	es	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILIN	G A	DDRESS:
_	tration Section		Registrati	ion S	Section
	ion of Corporat	ions			orporations
	n Building Executive Cent	ter Circle	P. O. Box		27 SI 32314

INHS11 (06/15)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.			
AYCOLD FRESH INC	immediately prior to the filing of the Articles of .	Conversion is:	
(P05 - 030 478) (Enter Name of	Other Business Entity)		
2. The "Other Business Entity" is a CORPOR.	ATION .		
(Enter entit	ty type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)		
First organized, formed or incorporated under	r the laws of FLORIDA		
on FEBRUARY 25, 2005	(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 AYCOLD FRESH LLC	Company as set forth in the attached Articles of	of Organization	1:
(Enter Name of Florida I	limited Liability Company)		
4. If not effective on the date of filing, enter	the effective date: 1.1.20/7.		
(The effective date: 1) cannot be prior to d date this document is filed by the Florida D date listed in the attached Articles of Orga	late of receipt or filed date nor more than 90 of Department of State; <u>AND</u> 2) must be the same nization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will	e as the effectiv	
5. The plan of conversion has been approved	in accordance with all applicable statutes.		
	Page 1 of 2	SECRETAR STVISSON OF S Zulö DEC 2	· · · · · · · · · · · · · · · · · · ·

Sulfinge on DM O: IS

Signed this 21 day of NOVEMBER	_ 20 16		
Signature of Authorized Representative of Limi	ted Liability Company;		
Signature of Authorized Representative: Printed Name: HAGAI LERER	Title: DIRECTOR OF OPERATIONS		
Signature(s) on behalf of Other Business Entity:			
Signature:/' Printed Name: YAFIT NIR			
•			
Signature: Printed Name:	Title		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature: Printed Name:			
Printed Name:	Title:		
Signature:Printed Name:	mid.		
Printed Name:	I itle:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Corporation	Officer		
If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		***
All others: Signature of an authorized person.		chin DEC	SECRE
Fees:		IC 28	78 30 78 30
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PH 2: 15	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:		
AYCOLD FRESH LLC			
	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liabil	ity Compa	iny is:
ž		, ,	•
Principal Office Address:	Mailing Address:		
1501 NW 12TH AVENUE	1501 NW 12TH AVENUE		
POMPANO BEACH, FL 33069	POMPANO BEACH, FL 33069		
US	US		
The name and the Florida street address of the LANCE W. SHINDER, ESQ	-		
	ame		
200 011 (1) (0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
398 CAMINO GARDENS B	OULEVARD, SUITE 109 P.O. Box NOT acceptable)		
riolida street address (r	O. Box <u>NOT</u> acceptable)		
BOCA RATON	FL 33432		
City	Zip		
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate. I hereby accept the party. I further agree to comply with the typerformance of my duties, and I am	appointme he provisio familiar w	ent as ons of all ith and
(CONT	Signature (REQUIRED) SINUED) e1 of2	mine DEC 28 F	HLEL SEONETARY O JIVISION OF COR
		PH 2:	

	Name and Address:
<u>[itle:</u> AMBR" = Authorized Member	2 - 101112 11112 1 FAMAL WOOT
MGR" = Manager	
MGR	YAFIT NIR
	1501 NW 12TH AVENUE
	POMPANO BEACH, FL 33069
· · · · · · · · · · · · · · · · · · ·	
	· ·
 	
	
fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not mean the date on the Department of States.	st be specific and cannot be more than five business et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not mean the date on the Department of States.	st be specific and cannot be more than five business et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not mean the defective date on the Department of Standard Country (Standard Country) REQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be te's records.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not meas effective date on the Department of Standard Country of Equation (1988). REQUIRED SIGNATURE: Signature of a membra of the document is executed in the country of t	ber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not meas effective date on the Department of Standard VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false information.	ber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not meas effective date on the Department of Standard VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false information.	ber or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. Immation submitted in a document to the Department of State only as provided for in s.817.155. F.S.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) The date inserted in this block does not meas effective date on the Department of Standard VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false information.	ber or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes.