L17000028697

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
	•	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
	·	,
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400295116784

02/06/17--01049--005 **150.00

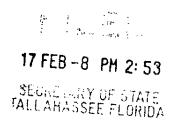
17 FEB -8 PH 2: 53

- 10/10

COVER LETTER

	on Section of Corporations				
SURJECT: Grai	nd Traverse Flippers Piz	zeria, Inc.			
SCHOLE I.	(Name of f	Resulting Florida Limited	Company)		
			a, and fees are submitted to convert an "Othe in accordance with s. 605.1045, F.S.		
Please return all	correspondence concern	ing this matter to:			
Sean Pankalla					
	(Contact Person)				
10047] D]	(Firm/Company)				
1904 Lake Robert	s Landing Dr. Winter Ga (Address)	arden, FL. 34/8/			
<u> </u>					
villagesflippers@	(City, State and Zip Code gmail.com	:)			
E-mail Address:	(to be used for future annual	report notifications)			
For further inform	nation concerning this r	natter, please call:			
Sean Pankalla		at 407 4	195-8500		
(Name of C	Contact Person)	(Area Code)	(Daytime Telephone Number)		
	eck for the following am n on a bank located in th		ocessed by this office must be payable in US		
☑ \$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization)		s □\$180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status		
STREET ADDI			G ADDRESS:		
Registration Sectorial Division of Corp		_	Registration Section Division of Corporations		
Clifton Building		P. O. Box	P. O. Box 6327		
2661 Executive (Tallahassee, FL		Tallahass	see, FL 32314		

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.

Grand Traverse Flippers Pizzeria, Inc. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>FLORIDA</u>
on 8/18/2016 (date of organization, formation or incorporation) (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:
Grand Traverse Flippers Pizzeria, LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed	this	6th	day of February		20 <u>17</u>	<u>.</u>
Signate	ure of	Authori	zed Representat	ive of Limite	d Liability Co	ompany:
Signatu Printed	ire of A Name:	Authoriz SEAN PA	ed Representative	Sean Pank	Title: OWNER	dotloop venhed 02/08/17 1 32PM EST TVET-NXB4-6129 6YOA
						equired signature(s)]
Signatu	re: Se	an Pan	kalla	dotloop verified 02/08/17 1:32PM EST R8MD-TJRA-CZIH HCR	_	
Printed	Name:	SEAN PAI	IKALLA		Title: OWNER	
Signatu Printed	ire: Name:				Title:	
Signatu	ıre:	<u> </u>				<u> </u>
Printed	Name:				Title:	
Signatu Printed	ire: Name:				Title:	
Signatu Printed	ire: Name:				Title:	
Signatu Printed	ire: Name:				Title:	
Signatu	ire of C		n: , Vice Chairman, s have not been sel			sign.
			rtnership or Lim ral Partner.	ited Liability	Partnership:	
			rtnership or Lim neral Partners.	ited Liability	Limited Parti	nership:
All oth Signatu		n author	zed person.			
Fees:						
	Fees f			anization:	\$25.00 \$125.00 \$30.00 (Optio \$5.00 (Option	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRAND TRAVERSE FLIPPERS PIZZERIA, 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:

Mailing Address:

1904 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL. 34787 1904 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL. 34787

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:

SEAN PANKALLA

Name

1904 LAKE ROBERTS LANDING DR.

Florida street address (P.O. Box NOT acceptable)

WINTER GARDEN

131 34787

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..

Sean Pankalla

dottoop verified 02/08/17 1 32PM EST CLKR-KOC7-GTTL-TO6H

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

A	n	TI		ĭ	Æ	T	X Z	7
А	ĸ		Ι	ł	ır.	1	v	_

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

<u>Title:</u> "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
MGR/AMBR	SEAN PANKALLA 1904 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL. 34787
MGR/AMBR	CAROLYN PANKALLA 1904 LAKE ROBERTS LANDING DR. WINTER GARDEN, FL. 34787
(Use attachment if necessary)	
f an effective date is listed, the date or 90 days after the date of filing.) ote: If the date inserted in this block does n	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days price. the applicable statutory filing requirements, this date will not be listed as the statutory filing requirements.
RTICLE VI: Other provisions, if an	AC TE
REQUIRED SIGNATURE:	SEE PH 2:
	nber or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SEAN PANKALLA

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2