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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Cat's Meow Café, LLC	
(Name of Resulting Flor	da Limited Company)
The enclosed Articles of Conversion, Articles of Org Business Entity" into a "Florida Limited Liability Co	ganization, and fees are submitted to convert an "Other ompany" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this man	ter to:
Elizabeth Gallardo	
(Contact Person) The Cat's Meow Café, LLC	
(Firm/Company) 14789 S.W. 180th Street	
(Address) Miami, FL 33187	
(City, State and Zip Code) thecatsmeowcafemia@gmail.com	
E-mail Address: (to be used for future annual report notific	
For further information concerning this matter, pleas Elizabeth Gallardo at (605 498-2959
	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All c dollars and drawn on a bank located in the United St	hecks processed by this office must be payable in US ates)
	00 Filing Fees, fied Copy Certified Copy, and Certificate of Status
New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2017

ELIZABETH GALLARDO 14789 SW 180TH STREET MIAMI, FL 33187

SUBJECT: THE CAT'S MEOW CAFE', LLC

Ref. Number: W17000045786

File AS LLC.

We have received your document for THE CAT'S MEOW CAFE', LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes prohibits a Florida non-profit corporation from being a party in a conversion. A Florida non-profit corporation may be a party in a merger; however, the Florida non-profit corporation must be the surviving entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 817A00010859

Burch, Tim

From:

The Cat's Meow Café LLC <thecatsmeowcafemia@gmail.com>

Sent:

Tuesday, June 13, 2017 11:34 AM

To:

Burch, Tim

Subject:

The Cat's Meow Café Filing

Hi Tim,

Below is the confirmation of the dissolution.

I have no intentions to revoke this dissolution for "The Cat's Meow Café, INC." Please proceed in filing "The Cat's Meow Café, LLC."

The email associated with the old filing is: elizaudio@gmail.com. Kindly make sure for this email to be the one pertaining to the new filing: thecatsmeowcafemia@gmail.com.

Thank you. Elizabeth Gallardo 305-498-2959

Dissolution Online Filing

Document Number N17000002896

Thank you for filing your dissolution online. Your document filed date will be today's date if there are no processing errors.

Your confirmation number is 000300315790.

Your charge amount is \$35.00.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Cat's Meow Ca	ofé, LLC		
4)	Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing add	ress and street address of the	principal office of the Limited Liab	oility Company
Principal Office	Address:	Mailing Address:	
14789 S.W. 180th S	Street	14789 S.W. 180th Street	
Miami, FL 33187		Miami, FL 33187	
(The Limited Liability		red Office, & Registered Agent's segistered Agent. You must designate an individu	
(The Limited Liability business entity with	Company cannot serve as its own Re	egistered Agent. You must designate an individu	nal or another
(The Limited Liability business entity with	Company cannot serve as its own Rean active Florida registration.)	egistered Agent. You must designate an individu	al or another
(The Limited Liability business entity with	c Company cannot serve as its own Rean active Florida registration.) The Florida Street address of the Elizabeth Gallardo	egistered Agent. You must designate an individu	al or another
(The Limited Liability business entity with	c Company cannot serve as its own Rean active Florida registration.) The Florida Street address of the Elizabeth Gallardo	egistered Agent. You must designate an individu	al or another
(The Limited Liability business entity with	c Company cannot serve as its own Rean active Florida registration.) The Florida Street address of the Elizabeth Gallardo No. 14789 S.W. 180th Street	egistered Agent. You must designate an individu	nal or another
(The Limited Liability business entity with	c Company cannot serve as its own Rean active Florida registration.) The Florida Street address of the Elizabeth Gallardo No. 14789 S.W. 180th Street	egistered Agent. You must designate an individu ne registered agent are:	FILED ANASSEE, FL

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)

A	RTI	F	IV.
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Elizabeth Gallardo
	14789 S.W. 180th Street
	Miami, FL 33187
AMBR	Jacqueline Lopez
	4600 S.W. 67th Avenue Apt. 220
	Miami, FL 33155
AMBR	Zulmarie Ortiz
	7385 S.W. 38th Street
	Miami, FL 33155
	
(Use attachment if necessary) LE V: Effective date if other tha	on the date of filing. June 5, 2017 (ODTIONA
CLE V: Effective date, if other that effective date is listed, the date is or 90 calendar days after the date.	nust be specific and cannot be more than five business cate of filing.) neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that effective date is listed, the date in or 90 calendar days after the date the date inserted in this block does not in it's effective date on the Department of S	nust be specific and cannot be more than five business cate of filing.) neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that effective date is listed, the date in or 90 calendar days after the date the date inserted in this block does not in it's effective date on the Department of S	nust be specific and cannot be more than five business cate of filing.) neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other that ffective date is listed, the date in or 90 calendar days after the date the date inserted in this block does not in the date inserted on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mental transfer of the date in a ware that any false in the date	nust be specific and cannot be more than five business cate of filing.) neet the applicable statutory filing requirements, this date will not be list

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)