L17000183884

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ĉi	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
-	

Office Use Only



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COVER LETTER

SUBJECT: Mako's, Inc. (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Frank Miranda (Contact Person) Frank Charles Miranda, P.A. (Firm/Company) 3226 W. Cypress Street (Address) Tampa, Florida 33607
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Frank Miranda (Contact Person) Frank Charles Miranda, P.A. (Firm/Company) 3226 W. Cypress Street (Address)
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(Contact Person) Frank Charles Miranda, P.A. (Firm/Company) 3226 W. Cypress Street (Address)
Frank Charles Miranda, P.A. (Firm/Company) 3226 W. Cypress Street (Address)
(Firm/Company) 3226 W. Cypress Street (Address)
3226 W. Cypress Street (Address)
(Address)
Tampa, Florida 33607
(City, State and Zip Code)
frank@fcmlaw.com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Frank Mirandaat (813)254-2637
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & Status
STREET ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Tallahassee, FL 32314

32301

Circle Tallahassee, FL

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 Business Entity" in Mako's, Inc.	nmediately prior to the filing of the Articles of Conversion is:
	ther Business Entity)
2. The "Other Business Entity" is a corporation	<u>.</u>
(Enter entity	type. Example: corporation, limited partnership. artnership, common law or business trust. etc.)
First organized, formed or incorporated under	the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 6/24/02 (date of organization, formation or incorporation)	(Silver Marie) of the country)
3. The name of the Florida Limited Liability C	Company as set forth in the attached Articles of Organization:
Mako's, LLC	
(Enter Name of Florida Li	nited Liability Company)
4. If not effective on the date of filing, enter the	ne effective date:
(The effective date: 1) cannot be prior to da after the date this document is filed by the F the effective date listed in the attached Artic	the of receipt or filed date nor more than 90 calendar days. Clorida Department of State: <u>AND</u> 2) must be the same as cles of Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in	accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has which such members are entitled under ss. 60	s agreed to pay any members having appraisal rights the amount to 5.1006 and 605.1061-605.1072, F.S.

Signed this 18th day of May	2017
Signature of Authorized Representative of Limi	ted Mahility Company:
/	
Signature of Authorized Representative:	Title: Authorized Member
Printed Name: Scott Courtney	Tiffe: Authorized Member
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)
/ / // / //	See below for required signature(s)
Signature:	
Printed Name: Scott Courney	Title: President
~.	
Signature: Printed Name:	Tislan
Printed Name:	rue:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
7 Timed Traine.	
Signature:	
Printed Name:	Title:
MEL II C	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida I fortand Danas could not I fortand I foliation	to Dimited Dentagonalism
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ADE Ocherat Carthers.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
	* · - * · * *

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional) 60:6 FW 82:509

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
Mako's, LLC	
	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Trincipal Office Address.	Maining Address.
701 S. Howard Avenue	Same
Suite 106-333	
Tampa, FL 33606	
Frank Miranda	
	Name
3226 W. Cypress Stro	reet
	dress (P.O. Box NOT acceptable)
Tampa	FL 3360 7
Cit	
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process for the above stated limited exignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 605, F.S gent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0
AMBR	Scott Courtney
	701 S. Howard Avenue, Suite 106-333
	Tampa, FL 33606
	
	
(Use attachment if necessary)	
	(Opprovide
	nan the date of filing: (OPTIONAL
	must be specific and cannot be more than five business da
to or 90 calendar days after the o	
If the date inserted in this block does not it ent's effective date on the Department of it	meet the applicable statutory filing requirements, this date will not be liste
ent's effective date on the Department of .	State S records.
ICLE VI. Other provisions, if any	· · · · · · · · · · · · · · · · · · ·
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	

Signature of a member 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.

Scott Courtney

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)