# 118000135577

(Requestor's Name)
(Address)
<b>,</b> ,
(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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## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/1/18

NAME: WBUNIVERSITY, INC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: WBuniversity, LLC	
(Name of F	Resulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Rebecca Saferstein, Paralegal	
(Contact Person)	
Arnall Golden Gregory LLP	
(Firm/Company)	
171 17th Street, NW, Suite 2100	
(Address)	<del></del>
Atlanta, GA 30363	
(City, State and Zip Code	)
reps@triadpros.com	
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this n	natter, please call:
Rebecca Saferstein	at ( <sup>404</sup> ) 870-5604
(Name of Contact Person)	at (404 ) 870-5604 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amedollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### **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" immediately prior to the filing of the Articles of Conversion is:  WBuniversity, 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, et	c.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
07/18/2016 On	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	:
WBuniversity, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte the date this document is filed by the Florida Department of State.)	r
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	1st	day of	June	2018	
Signature	of Autho	rized Repres	entative of Li	imited Liability Company:	
Signature of Printed Nat	of Authori ne: Willian	ized Represen n C. Brown	tative:	Title: President of Member	
Signature(	111	alf of Other B	Susiness Entity	<u>y:</u> [See below for required signature(s)]	
Printed Nar		n C. Brown		Title: President	
Signature:					
Printed Nar	ne:			Title:	_
Signature:					
Printed Nar	ne:			Title:	_
Signature:					
Printed Nar	ne:	<u> </u>		Title:	_
Printed Nar	ne:			Title:	
Signatura					
Printed Nar	ne:			Title:	_
If Florida ( Signature o			nan, Director,	or Officer.	
				Incorporator must sign.	
If Florida (	Ceparal P	artnarthia a	· Limitad Liab	bility Partnership:	
		eral Partner.	Dimited Dias	stary a decreasing.	
If Florida I	Limited P	artnership or	Limited Liab	bility Limited Partnership:	
Signatures of	of <u>ALL</u> G	eneral Partner	S.		
All others: Signature o	f an autho	rized person.			
Fees:					
Fee. Cer		oy:	f Organization	\$25.00 n: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

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ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
WBuniversity, L1.C	
(Must contain the words "Limited I.	Jability Company, "L.L.C.," or "LLC.,")
ARTICLE II - Address:	
The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
208 John Wesley Way	P. O. Box 121, Greenville, NC 27835
Savannah, GA 31404	1. O. Box 121, Oreenville, AC 27833
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Signature:
the Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
NRAI Services, Inc.	
<b>N</b>	Name
1200 South Pine Island Roa	d
Florida street address (	(P.O. Box NOT acceptable)
Plantation	FL 33324
City	Zip
registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 605, F.S.
Registered Agent's 9	Signature (REQUIRED)
•	ΔΕΕ <b>38</b>
(CONT	TINUED)  AHASSEE.  TINUED)
	AM 9: 11 FLORIDA FLORIDA

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Century Restaurants, Inc.		
	P. O. Box 121, Greenville, NC 27835		
	····		
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(Use attachment if necessary)	ž		***
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ARTICLE V: Other provisions, if any.		<u> </u>	
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		5≥ :	
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	Q. B	<del></del>	
REQUIRED SIGNATURE:	Men C Beam		
Signature of a member or	an authorized representative of a membe	r	
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am ment to the Department of State constitutes a third de	aware that	
William C. Brown			
· · · · · · · · · · · · · · · · · · ·	ned or printed name of signee		

Typed or printed name of signce

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)