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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: WBAPOPKA, INC.

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

SUBJECT: WBapopka, LLC (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: Rebecca Saferstein, Paralegal (Contact Person) Arnall Golden Gregory LLP (Firm/Company) 171 17th Street, NW, Suite 2100 (Address)
(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: Rebecca Saferstein, Paralegal (Contact Person) Arnall Golden Gregory LLP (Firm/Company) 171 17th Street, NW. Suite 2100
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Rebecca Saferstein, Paralegal (Contact Person) Arnall Golden Gregory LLP (Firm/Company) 171-17th Street, NW, Suite 2100
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(Contact Person) Arnali Golden Gregory LLP (Firm/Company) 171-17th Street, NW, Suite 2100
Arnali Golden Gregory LLP (Firm/Company) 171-17th Street, NW, Suite 2100
(Firm/Company) 171-17th Street, NW, Suite 2100
171 17th Street, NW, Suite 2100
(Address)
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 matter, please call:
Rebecca Saferstein at (404) 870-5604
(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 and Certificate of status Status ■ \$155.00 Filing Fees and Certified Copy and Certificate of Status □ \$185.00 Filing Fees, Certified Copy, and Certificate of 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 Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

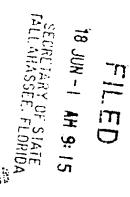
Into

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: WBapopka, 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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
07/18/2016
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
WBapopka, 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 after
the date this document is filed by the Florida Department of State.)
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	20_18
			ited Liability Company:
Signature of Printed Nam	Authorized Represe e: William C. Brown	entative:	Title: President of Member
			[See below for required signature(s)]
Signature:	(Jelliem C B	Klim	
Printed Nam	e: William C. Brown		Title: President
Signature:	<u>.</u>		
Printed Nam	e:		Title:
Signature:			
Printed Nam	e:		Title:
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Signature Printed Nam	e:		Title:
1681 11 6			
	orporation: Chairman, Vice Chai	irman, Director, or	Officer.
	or Officers have not b		
	eneral Partnership	or Limited Liabili	ty Partnership:
Signature of	one General Partner,		
	<u>imited Partnership o</u> f <u>ALL</u> General Partne		ty Limited Partnership:
All others: Signature of	an authorized person		
Fees:			
Fees Cert	cles of Conversion: for Florida Articles ified Copy: ificate of Status:	of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

18 JUN-1 M 9:15
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
WBapopka, LLC (Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
208 John Wesley Way	P. O. Box 121, Greenville, N	NC 27835
Savannah, GA 31404		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the NRAI Services, Inc.	tered Agent. You must designate at	gent's Signature: a individual or another
Nam	e	
1200 South Pine Island Road	Nov NOT acceptable)	
Florida street address (P.C		
Plantation City	FL 33324 Zip	
Having been named as registered agent and liability company at the place designated if registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate. I hereby a city. I further agree to comperformance of my duties, egistered agent as provided gnature (RÉQUIRED)	iccept the appointment as iply with the provisions of al and I am familiar with and
		SS 🔻 📆

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

<u>Title:</u>	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)	<u> </u>	- NOF	~i
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ARTICLE V: Other provisions, if any.	<u>ئى</u> :		17
ARTICLE V. Other provisions, it any.	71		[
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DEOUDED OLON, WIDE	Λ		
REQUIRED SIGNATURE:			
(.) .	llen C Scen		
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	n authorized representative of a member		
This document is executed in accordance w	rith section 605.0203 (1) (b), Florida Statutes. I am aware	that	
as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree i	erony	
as provided for its star 7.100, 1.05			
William C. Brown			
Туре	ed or printed name of signee	_	
*1	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)