# L18000135903

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boosinent Homoer)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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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:

BROWNSTEWARD, INC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: New Filing S Division of C					
SUBJECT: Brownsto	•				
	(Name of Re	sulting Florida Lit	nited Cor	npany)	_
		_		nd fees are submitted to ecordance with s. 605.1	
Please return all corr	espondence concernin	g this matter to	:		
Rebecca Saferstein, Para	degal				
	(Contact Person)		_		42 <b>5</b>
Amail Golden Gregory	LLP				
, <del>.</del>	(Firm/Company)		_		46.00 mm - 1
171 17th Street, NW, Su	ite 2100				<del></del> ,
	(Address)		_		PH 12
Atlanta, GA 30363					: : : : : : : : : : : : : : : : : : :
(4	City, State and Zip Code)		_		
reps@triadpros.com					
E-mail Address: (to b	oe used for future annual re	port notifications			
For further informati	on concerning this ma	tter, please call	:		
Rebecca Saferstein		_at (	870-	5604	
(Name of Conta	ict Person)	(Area Coc	e) (Day	5604 ytime Telephone Number)	_
	for the following amou a bank located in the	•	proces	sed by this office must	be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	~	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAI	LING A	ADDRESS:	
New Filing Section		New	Filing S	Section	
Division of Corporat	ions			Corporations	
Clifton Building			Box 63		
2661 Executive Cent	er Circle	Talla	nassee.	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:  Brownstewart, Inc.
Brownstewart, 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
on 12/11/2014  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Brownstewart, 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	2018
Signature of Authorized Representative of Limit	<del></del>
Signature of Authorized Representative:	Title: President of Member
Signature(s) on behalf of Other Business Entity: [S	
Signature: White Star	
Printed Name: William C. Brown	Title: President
Signature:	
Printed Name:	Title:
Signature:	T-1
Printed Name:	1 Me:
Signature:	
Printed Name:	Title:
n	
Signature:	ant d
Printed Name:	1 ine:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	officer.  Deporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
<del>Poos:</del>	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

18 JUN-1 PH 12:52

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name		ny is:	MIT COM AND
Brownstewart, LLC	contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	ress: and street address of	the principal office of the Limited	Liability Company is:
Principal Office Ac	ldress:	Mailing Address:	
208 John Wesley Way Savannah, GA 31404		P. O. Box 121, Greenville, NC	27835
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its ov ctive Florida registration.)	istered Office, & Registered Agen on Registered Agent. You must designate an in of the registered agent are:	ndividual or another
		Name	
	1200 South Pine Island Florida street addre:	Road ss (P.O. Box <u>NOT</u> acceptable)	
	Plantation	FL 33324	
	City	Zip	
liability compo registered agent ( common relating	any at the place design and agree to act in this to the proper and co- ligations of my position	nt and to accept service of process for nated in this certificate, I hereby accis capacity. I further agree to complete performance of my duties, as on as registered agent as provided for the service of the Signature (REQUIRED)	cept the appointment as ly with the provisions of al nd I am familiar with and
	(Co	ONTINUED)	5:21ky

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Contrar Protection Inc.
AMBR	Century Restaurants, Inc. P. O. Box 121, Greenville, NC 27835
<del></del>	
	<u> جمع المنظم ا</u> المنظم المنظم
	77
(Use attachment if necessary)	
	•
CLE V: Other provisions, if any.	
<del></del>	·
REQUIRED SIGNATURE:	
للبلد)	leen C Green
	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b), Florida Statutes, I am aware t ment to the Department of State constitutes a third degree fel
William C. Brown	
Ty	ped 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)