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

Office Use Only



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SEURETARY OF STATE
TALL AHASSEE, FLORIDA

JUN 0 8 2018

T SCHROEDER

COVER LETTER'

TO: New Filing Son Division of C				•
SUBJECT: Espresso	•			
SUBJECT:		sulting Florida Limite	d Con	npany)
		•		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Trevor Eldredge				
	(Contact Person)			
Law Office of Trevor B	Eldredge, LLC			
	(Firm/Company)			
PO Box 768				
	(Address)			
Kaysville, Utah 84037				
·	City, State and Zip Code)			
trevor@eldredgelaw.con	•			
	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Trevor Eldredge		_at ()	296-2	423
(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	· · · · · · · · · · · · · · · · · · ·	ocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fil		
Division of Corporat	ions			orporations
Clifton Building	:	P. O. Bo	ox 63.	27

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	 ·
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partn	ership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Pennsylvania (Enter state, or if a non-laws)	J.S. entity, the name of the country)
July 26, 2006 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the at	tached Articles of Organization:
Espresso D'Milan, 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 r	nore 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 required document's effective date on the Department of State's records.	·
Note: If the date inserted in this block does not meet the applicable statutory filing require	ments, this date will not be listed as the
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this date will not be listed as the ble statutes. Eving appraisal rights the amount to

•		
Signed this 24th day of April	20_18	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Me Printed Name: Michael Morris	Title: Manager	
Signature(s) on behalf of Other Business Entity:	• • •	
Signature: Mch. Toke Printed Name: Michael Morris	Title: Manager	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		e.
Fees:		18 SEC TALL
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	FILED JUN-7 AM 9: 40 AHASSEE FLORIDA
		16/87

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	iability Company is:		
Espresso D'Milan, LLC			
(Must conta	in the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the princi	ipal office of the Limited Liability Company	, is:
Principal Office Address	<u>:</u>	Mailing Address:	
Midtown Five Unit 231	3	Midtown Five Unit 2313	•
125 NE 32nd St.		125 NE 32nd St.	
Miami, FL 33137		Miami, FL 33137	
ARTICLE III - Registere (The Limited Liability Company business entity with an active F	cannot serve as its own Regis forida registration.) street address of the regis Michael Morris		18 JUN -7 SECRE FARY FALL AHASSE
		ame	
	Midtown 5. Unit 231		FLC D
	Florida street address	(P.O. Box NOT acceptable)	9: 40 STATE LORID
	Miami	FL 33137	S S
	City	Zip	••

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)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager		
MGR	David Westfall	
	Midtown 5. Unit 2313, 125 NE 32nd St.	 -
	Miami, FL 33137	_ ,
MGR	Michael Morris	_
	850 Whitehead Lane	_
	North Huntingdon, PA 15642	<u>-</u>
		18 J
		FIL CRETARY JIH JIH
		[1] - [D]
		AM 9: 40 E. FLORID.
		RIDA RIDA
		<u> </u>
(Use attachment if necessary)		_
TICLE V: Effective date, if other than the can effective date is listed, the date must be a safter the date of filing.) TICLE VI: Other provisions, if any.	date of filing: (OPTIC specific and cannot be more than five business days	ONAL) s prior to or 90 calen
QUIRED SIGNATURE:	Mil Ilvin	
	nature of a member or an authorized representative	

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)