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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	(1)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Dx	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS JUL 2 4 2018



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18 JUL 23 PM 4: 25



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2018

JOHN H. MARTINEAU 17168 NE PEAR ST BLOUNTSTOWN, FL 32424 US

SUBJECT: SWAMP SHACK BBQ LLC

Ref. Number: W18000063456

We have received your document for SWAMP SHACK BBQ LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature section of the Conversion Form must also have a signature for On behalf of Other Business Entity. Please sign that section and sendit back to us for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 318A00014326

Nadira D McClees-Sams Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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TO: New Filing So Division of Co					
SUBJECT: 50	amp Shack B	<u> 名分 </u>		_	
	(Name of Res	ulting Florida Limited Com	ipany)		
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, an ability Company" in ac	d fees are submitted to coordance with s. 605.1	convert a 1045, F.S.	n "Other
Please return all corre	espondence concerning	g this matter to:			
John H. V	(Contact Person)				
	(Firm/Company)				
ITIES NET	Dear St				
	Pear St (Address)	_			
B. Inversione	FL 3242	ч			
(()	FL 32439 City, State and Zip Code)				
Pitmaster & 5 E-mail Address: (to b	wampshack bbq	cont notifications)			
For further information	on concerning this ma	ter, please call:			
John H. Mart	inea	at (248) 33	St - GYY7 time Telephone Number)		
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)		
	or the following amou a bank located in the		sed by this office must	be payable	e in US
\$150:00 Fiting Flees (\$25 for Conversion \$50.25 for Articles of Organization)	AS155.00 Filing Fees and Certificate of Status Check # 1006	☐\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	(2)	. ~2
STREET ADDRESS	S:	MAILING A	ADDRESS:	9	810
New Filing Section		New Filing S			: ا
Division of Corporati	ions	Division of C	Corporations	J.	!

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER: Explanation

This is a corrected copy of my original submission. There was a signature missing on page 2: "Signature on behalf of Other Business Entity."

I dated for this day, July 20th, 2018. Not sure if that matters... you have the original with original sign date.

Address areas are now more legible – than original.

Thank you for correcting my address in your paper work. NOTE: The *incorrect* address is still in the "Florida LLC Search" website.

Thank you,

John H. Martineau Swamp Shack BBQ LLC 17168 NE Pear St. Blountstown, FL 32424 248-331-6447

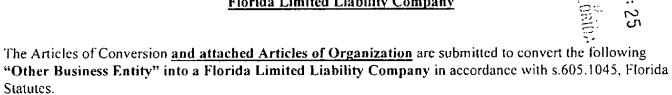
18 JUL 23 PH 4:25

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Swamp Shack BBQ L.C.C. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Domostic Luc. / Single (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Sept 25, 2017 Michigan (Enter state, or if a non-U.S. entity, the name of the country)
on Sept 28, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Swamp Shack BBQ L.C.C. (Enter Name of Florida Limited Liability Company)
(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 20 day of July	20 <u>_13</u>	
Signature of Authorized Representative of Lim	•	
Signature of Authorized Representative:	Title: Owner	
Signature(s) on behalf of Other Business Entity:		
Signature: J. H. Martinean	7/2	o/
Printed Name: John H. Martineau	Title: Dwarr	7
0.		
Signature: Printed Name:	Title	
Trimed Isamo.		
Signature:		
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tri-1	
Printed Name:	I itte:	
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In		
		ŗ
If Florida General Partnership or Limited Liabili	ity Partnership:	_
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	2
Signatures of ALL General Partners.	r.	;;
-	•	<u>.</u>
All others:		≥,
Signature of an authorized person.		ź.
	·	•

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

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

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Swamp Shack BBQ L.C.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:
Principal Office Address: Mailing Address:	
Bloomstown FL 32424 Bloomstown FL 32424 Bloomstown FL 32424	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Name 17168 NE Pear St. Florida street address (P.O. Box NOT acceptable) Bloudto Hown FL 32424 City Zip	100 mm
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate. I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, Registered Agent's Signature (REQUIRED) (CONTINUED)	ent as ons of all ith and

BAAADDB A AL ' JAAA	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
maz	John H. Martineau
	17168 NE Pear St
	Blounts town FL # 32424
	
	
	·····
(Has attachment if necessary)	
TO ISE ARACOMENT DE DECESSARY)	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	<u></u>
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155. F.S.	r an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware thument to the Department of State constitutes a third degree felocyped or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-