# L18000190140

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

Office Use Only

AUG 0 9 2018

T. SCOTT



400316810554

08/09/18--01003--001 \*\*125.00

08/09/18--01003--002 \*\*25.00

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# 806 - 9 AH 8: 20

### COVER LETTER '

TO: New Filing Division of	Section Corporations	, (	vame change	
SUBJECT: _ \( \square\)	Mau: Ter: ya (Name of R	Ki and Cr.	Vame change  11 LLC  Tompany)	
The enclosed Articl	es of Conversion. Arti	cles of Organization	and fees are submitted to conve accordance with s. 605.1045, 1	ert an "Other F.S.
Please return all cor	respondence concerni	ng this matter to:		
Marilyn Mollman				
	(Contact Person)			
Accounting Solutions	of Gainesville, LLC			
	(Firm/Company)			
802 NW 16th Ave, Su	ite A			
	(Address)	<del></del>		
Gainesville, Florida 3	2601			
(	City, State and Zip Code)	<del></del>		
mollmanasg@cox.net				
E-mail Address: (to b	oc used for future annual re	eport notifications)		
For further informati	on concerning this ma	atter, please call:		
Marilyn Mollman		at (352 ) 376	-0600	
(Name of Conta	act Person)	(Area Code) (Da	-0600 eytime Telephone Number)	
Enclosed is a check f dollars and drawn on	for the following amou a bank located in the	int: (All checks proces	ssed by this office must be paya	ıble in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS New Filing Section Division of Corporati Clifton Building 2661 Executive Center	ons	MAILING A New Filing S Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

Tallahassee, FL 32301

#### **Articles of Conversion**

For

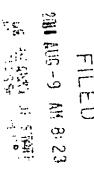
#### "Other Business Entity"

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:
18000038455 (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a MAVE TENEVAKE AND GREIL LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Sale of Jone of the country)
on 4-28-20/8 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  MANI JENIYAKI AND GILL LC  (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 97 day of Mgust	20/8
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Thomas M. Ayallin	m M. Arysho
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Manney M. Shand Printed Name: Thomas M. Annifica	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	tv Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Maui Teriyaki and Grill LLC		
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	l Liability Company is
Principal Office Address:	Mailing Address:	
1006 NW 76th Blvd, Suite 1	Same	
Gainesville, FL 32606	<del></del>	<del></del>
		<del></del>
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	vn Registered Agent. You must designate an in	idividual or another
The Limited Liability Company cannot serve as its ow	vn Registered Agent. You must designate an in	idividual or another
business entity with an active Florida registration.)	vn Registered Agent. You must designate an in	idividual or another
business entity with an active Florida registration.)  The name and the Florida street address of	vn Registered Agent. You must designate an in	idividual or another
business entity with an active Florida registration.)  The name and the Florida street address of	of the registered agent are:	idividual or another
business entity with an active Florida registration.)  The name and the Florida street address of Josephine Aurilio.  3406 NE CR 219A	of the registered agent are:	Holdividual or another  FILED  AND -9 AH 8:
business entity with an active Florida registration.)  The name and the Florida street address of Josephine Aurilio.  3406 NE CR 219A	of the registered agent are:  Name	Holividual or another  FILED  FILED

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBL-MGA	JUSEPHENE BY AURILIE 154 FAYE SINCET HAWTHERNE, FL. 3269
AMBR	THOMAS M. AURILIO  154 FAYE STAKET  HAWTHURNE, FL. 326
Mémber-Misp	MANK J BORALD  154 FAYE STREET  HAWTHORNE, FL. 3.
(Use attachment if necessary)	
LE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

M. Aunilio
Typed 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)

Date of this notice: 05-15-2018

Employer Identification Number:

83-0538489

Form: SS-4

Number of this notice: CP 575 A

MAUI TERIYAKI AND GRILL LLC JOSEPHINE B AURILIO SOLE MBR 1006 NW 76TH BLVD STE 1 GAINESVILLE, FL 32606

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-0538489. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 Form 940

10/31/2018 01/31/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.