

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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#### COVER LETTER

TO: New Filing Section Division of Corporations

EAFOUD SDLES LLC いただい SUBJECT: \_ me 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:

JONATHAN KANARD (Firm/Company) OUTLOOK S PONTE VEDRA, FL 32081 (City, State and Zip Code) MRIDFL, SEAFOOD @GMAIL, COM E-mail Address: (to be used for future annual report notifications) (Address) VEDRA, FL (City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (513) 307-4342 (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)

S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing Fees and Certificate of Status St80.00 Filing Fees and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status

#### STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

INHS11 (7/17)

## 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.

- 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: <u>QUEENT CITY</u> <u>STATOOD</u> <u>DUES</u> <u>LUC</u>. (Enter Name of Other Business Entity)

pw)  $\cdot$  5 - 2005Forganization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

(Enter Nume 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 30 day of JUUT	20_18			
•	Signature of Authorized Representative of Limited Liability Company:				
	Signature of Authorized Representative	-/L DZ4. Title:			
	Printed Name: <u>Signature(s) on behalf of Other Business Entity</u> : [Se	D ee below for required signature(s)]			
	Che. PRINCER		-		
	Printed Name: JAN RAUARD	Title: UIG PUBSIDEN			
	Signature: Printed Name:	Title:			
	Signature:				
	Printed Name:	Title:			
	Signature: Printed Name:	Title:			
	Signature: Printed Name:	Title:	Ţ,	<b></b> #	
	Signature: Printed Name:	Title:		8 SEP	; i
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer.				  1
	If Directors or Officers have not been selected, an Inc			ತ್ ಲಾ	
	If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			14 14 10	
	If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
	<u>All others:</u> 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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

LLC avoEEN (Must contain the words "Limited Liability Company, "L.L.C.," or

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
73 OUTLOOK DN	5AME
PONTE VEORALFL 32081-0712	

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:

10mas C Kor ) 720 Park Street Suit 203 orida street address (P.O. Box NOT acceptable) Jacksonville FL 32205

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)

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### ARTICLE IV-

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

Title:

## Name and Address:

"AMBR" = Authorized Member "MGR" = Manager

MBR

MBR

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(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

**REQUIRED SIGNATURE:** 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. OWATHAN Typed or printed name of signee RANALD **Filing Fees** \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional) JONATHAN RANARD 18 SEP - 4 PH 5: 32 · · . +72