# L1900021566

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



K. PAGF. JAN 28 2019



800322871228

01/09/19--01005--026 \*\*155.00





# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2019

SHARON ROBINSON 2413 N 41ST FT PIERCE, FL 34950

SUBJECT: BO'S MOBILE FRESH SEAFOOD LLC

Ref. Number: W19000005091

We have received your document for BO'S MOBILE FRESH SEAFOOD LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INCLUDE THE ENTIRE EFFECTIVE DATE OF THE CONVERTING BUSINESS ENTITY IN THE FORM OF MM/DD/YYYY

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 519A00001716



January 15, 2019

SHARON ROBINSON 2413 N 41ST FT PIERCE, FL 34950

SUBJECT: BO'S MOBILE FRESH SEAFOOD LLC

Ref. Number: W19000005091

We have received your document for BO'S MOBILE FRESH SEAFOOD 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please list the complete principal office address.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 619A00001102

TO DO DOV coof mill Fill 1 coof

#### **COVER LETTER**

<b>TO:</b> New Filing S			
Division of C	Corporations		
SUBJECT:	105	ldbile tre	In Jutoud LLC
	(Name of Res	sulting Florida Limited Con	npany)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:	
	arm K	binsy	
305/	(Contact Person)	h Secfoul I	ne
2413	(Firm/Company)	•	
File	(Address)		
150.5 FV-	City, State and Zip Code) $25h 50 + w_0$	1150gmail	Com
E-mail Address)(to b	be used for future annual re	port notifications)	
For-further informati	on concerning this ma	tter, please call:	
Name of Conta	act Person)	at $(305)$ Area Code) (Day	time Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	1555.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	s.	MAILING A	ADDRESS:

#### 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

## **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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
1005 100, 1e Tresh Deatoud Inc
(Enter Name of Other Business Entity)
$\left( \begin{array}{c} 1 \\ 1 \end{array} \right)$
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of \( \frac{1}{2} \) \( \text{Ind} \( \text{q} \)
(Enter state, or if a non-U.S. entity, the name of the country)
on3 - 30 - 17
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12/17/18.
(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 2 day of Do Cema 20 18.		
Signature of Authorized Representative of Limited Liability Company		
Signature of Authorized Representative:  Printed Name: Title: W one Company of the Company of th		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]		
Printed Name: James H. Robinson Title: Manager		
rinted Name: Janes H. Cobinson Title: 1 Jane 9 ex		
Signature:		
Printed Name: Title:		
Signature:		
Printed Name: Title:		
Signature:		
Signature:		
Signature: Title:		
Printed Name: Title:		
Signature:		
Printed Name: Title:		
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or Officer.		
If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.		

All others:
Signature of an authorized person.

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

The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
2413 N.41 St Same
FT Pierce FL 39946
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:
Dormeul, Wilson
Name  Solution Street address (P.O. Box NOT acceptable)
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 alstatutes 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
the way
Registered Agent's Signature (REQUIRED)  (CONTINUED)
2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.

#### ARTICLE IV-

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

	Title: "AMBR" = Authorized Member "MGR" = Manager  Title: "ACR" = Manager  Title: "ACR" = Authorized Member	Name and Address:  Same Solves  2413 N. 4157  Ft. Pierce Ft. 34946  Ft. Pierce Ft. 34946
	(Use attachment if necessary)	19 J/N 2
ART	TCLE V: Other provisions, if any.	
		<u> </u>
	This document is executed in accordar any false information submitted in a do as provided for in \$1817.155, F.S.	or an authorized representative of a member nece-with sestion 605.0203 (1) (b). Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony
		Typed or printed name of signee  Filing Fees
		1 111112 T CC3

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