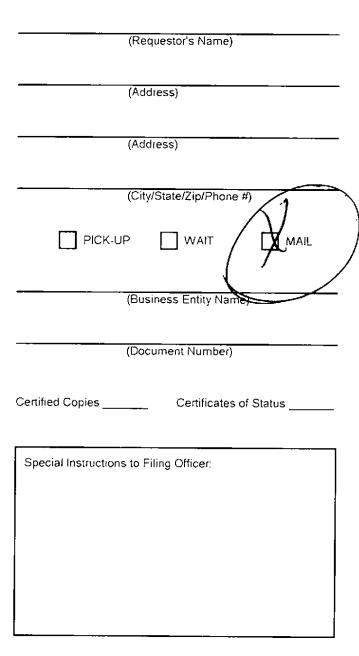
# M588



Office Use Only

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## COVER LETTER • \*\*

TO: New Filing	Section Corporations			Ð
	•			
SUBJECT: M&E K	itchen Supply, Inc.	alaina Elimida Filmia	.10	
	(Name of Res	ulting Florida Limit	sa Con	ipany)
		-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:		
Kathia Hernandez				
	(Contact Person)			
M&E Kitchen Supply,	Inc.			
	(Firm/Company)			
7790 Shady Rest Ln				
	(Address)			
Tallahassee, FL 32317	1			
	(City, State and Zip Code)			
katyhreyes@hotmail.co	om			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informa	tion concerning this ma	tter, please call:		
Giselle Araiza		_at (	24189	956
(Name of Cor	itact Person)	(Area Code)	(Day	time Telephone Number)
	for the following amount a bank located in the		rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<b>-</b>	□S180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRE				ADDRESS:
New Filing Section		New Fi		
Division of Corpora Clifton Building	1110115	P. O. B		Corporations 27
2661 Executive Cer	nter Circle			FL 32314

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:  M&E Kitchen Supply, Inc.  P18 - 8415
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of [Florida]  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
01/25/2018
01/25/2018 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: M&E Kitchen Supply, 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 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 14th day of June	2019
Signature of Authorized Representative of Limit	ed Liabilaty Company:
Signature of Authorized Representative:	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: Printed Name: Kathia Hernandez	Title: President
Signature:	
Printed Name: Ramon Marcz	Title: Vice President
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	V Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

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

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 19 JUN 25 PM 1: 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ility Company is:	
M&E Kitchen Supply, LLC.		
(Must contain the w	vords "Limited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Addre	<u>ss:</u>
7790 Shady Rest Ln	7790 Shady Rest L	n
Tallahassee, FL 32317	Tallahassee, FL 32	
(The Limited Liability Company cannot business entity with an active Florida re	et address of the registered agent ar	lesignate an individual or another
Territoria de la companya della companya della companya de la companya della comp	Name	
7700 m		
7790 Shady l Florida sti	reet address (P.O. Box NOT accep	table)
	· — ·	,
Tallahassee	FL 32317 City Zip	<del></del>
liability company at the pi registered agent and agree to statutes relating to the prop accept the obligations of i	tered agent and to accept service of lace designated in this certificate, I to act in this capacity. I further agree over and complete performance of my my position as registered agent as pered Agent's Signature (REQUIRE)	hereby accept the appointment as to comply with the provisions of all duties, and I am familiar with and rovided for in Chapter 605, F.S

A	DΊ	r ta	CI.	F	IV-	
-	r.				17-	

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

<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
P Wattaget	Kathia Hernandez
·	7790 Shady Rest Ln
	Tallahassee FL 32317
(Hea attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	
•	MAL
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	In authorized representative of a member
REQUIRED SIGNATURE:	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, Lam awars
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document.	In authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree of
REQUIRED SIGNATURE:	In authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree for the degree of the de
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for the constitutes at the degree of the constitutes at the co
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	With section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree f
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree for the Department of State constitutes a state of the Department of State constitutes as third degree for the Department of State constitutes as the Department of State constitutes as third degree for the Department of State constitutes as the Department of State
Signature of a member of This document is executed in accordance any false information submitted in a document provided for in \$817.155, F.S.	With section 605.0203 (1) (b), Florida Statutes. I am award ment to the Department of State constitutes a third degree f