## 19000214687

(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:
PusleurBod
An Pick vo
(.019-78681





400333683054

400333683054 03/23/13--01023--011 \*\*150.00

19 AUG 23 PH 2; 29

D O'KEEFE AUG 29 2019 2019 AUG 29 PH 1: 00

Tohw Spears It president
of Gator John's Co hereby
P03-61387
Release the Name (Gator Tohis Co)

for Enture use.

Lungher

FIELED JUB 29 PM 1:00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2019

AUSLEY

SUBJECT: GATOR JOHN'S LLC Ref. Number: W19000078681 THE AUG 29 PK 1: 00

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

As a condition to file a conversion, the converting entity must be active and up to date with it's annual report filing. The converting entity that is listed was administratively dissolved on 09/28/2018 amd therefore cannot be converted.,

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.

KYLE D BRUMBLEY Regulatory Specialist II

Letter Number: 519A00017578

Filed LLC Articles Org., Mb conversion.

www.sunbiz.org

## COVER LETTER

TO: New Filing Section Division of Corporations		·
SUBJECT: Gator John	's LLC	
	lting Florida Limited Com	pany)
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Lia	_	
Please return all correspondence concerning	this matter to:	
John W. Spears, TT (Contact Person)	<del></del>	
Gator Johns LLC (Firm/Company)		
83 Emily Lane		
Crawfordville F1. 32 (City, State and Zip Code)	2327	
E-mail Address: (to be used for future annual repo	ort notifications)	
For further information concerning this matter	er, please call:	
John W. Spears, TII (Name of Contact Person)	at ( <u>850</u> ) <b>(68</b> (Area Code) (Dayt	8-0510 ime Telephone Number)
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U		ed by this office must be payable in US
\$\frac{\text{\$\subseteq}}{\text{\$\subseteq}}\$\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) Filed Feg. LLC STREET ADDRESS:	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	MAILING A	
New Filing Section	New Filing Sc	
Division of Corporations	Division of Co	•
Clifton Building	P. O. Box 632	
2661 Executive Center Circle	Tallahassee, F	1. 52514

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gator John's (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
83 Emily Lane Crawfordville, Fl. 32327		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-	egistered agent are:	
John W. Sp.	ears, III	
83 Emily L. Florida street address (P.O.	Box <u>NOT</u> acceptable)	
Craw-lovd ville	FL 32327 Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signature.  Registered Agent's Signature.	this certificate. I hereby accept ty. I further agree to comply with erformance of my duties, and I distered agent as provided for in $4 + 8/2 \left  \frac{1}{9} \right $ ature (REQUIRED)	the appointment as th the provisions of all am familiar with and Chapter 605, F.S
		FILED  29 PH 1: 00  ARY OF STATE  SSEE, FLORID.

A	12	Т	Ī	C	1	F	I	V	_
$\sim$	10			·	-	1.			_

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	John W. Spears, B3 Emily Long Crowfordr. 11e, F1.	323	<u>-</u> 27	
<del></del>				
<del></del>				
		25 36 >3	2818 4	
(Use attachment if necessary)		ÉTARY I	UG 29	FRICKU
RTICLE V: Other provisions, if any.		SE SENT	PX =: 0	Ċ —
		<del></del>	<del>-ō</del>	
REQUIRED SIGNATURE:	E 8/21/19			
Signature of a member or This document is executed in accordance	an authorized representative of a mowith section 605.0203 (1) (b), Florida Statutes ment to the Department of State constitutes a the	s. Lam aw	are tha	ıt 1y
John W. Spa	ears, TII			
Тy	ped 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)