# L1900034358

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Crowness Entry Contes)
(Document Number)
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j. B Graciey

# **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Acc#I20160000072  EB RESTAURANT ORGANIZATIO	an: DW
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	ON LLC
12230353	1
Country of Destination:  Number of Certs:	
Certified: ✓ Plain: COGS:	
Amount: \$ 180.00	
	12230353  Country of Destination: Number of Certs:  Certified:  Plain: COGS:

#### **COVER LETTER**

TO: New Filing Se Division of C					
SUBJECT: £	B Restaura	nt Organize ulting Florida Limited Con	npany)	LLC	
	s of Conversion, Artic	les of Organization, an ability Company" in a	d fees are si		
Please return all corre	espondence concerning	g this matter to:			
Er. b	5 Benitez				
Chick-f:1-	(Contact Person)  A Atlant	ic AUR FSR			
4823	West Atlan (Address)	ntic Ave			
Delsay	Blach, FL City, State and Zip Code)	33445			
erit. beniter	3 @ Cfa fra e used for future annual re	nchisex.com			
For further information	on concerning this ma	tter, please call:			
Er.K Bur (Name of Conta	nitl2	at (54/) (Area Code) (Day	0/-/9/ time Telephor	13 ne Number)	
	or the following amou a bank located in the	nt: (All checks process United States)	sed by this o	office must b	e payable 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	Certified Co	ppy, and	
STREET ADDRESS	S:	MAILING A	DDRESS:		

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 and attached Articles of Organization are submitted to convert the following "Other Rusiness Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Flor

Signed this 307h day of September	20 19
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:  Printed Name: Erk Blaitez	Title: owner / Presid.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: 9ABPrinted Name: 67:4 Benitez	Title: <u>Daner / President</u>
Signature: Printed Name:	Title
Frinted Name.	True.
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ry 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability"	anization LLC
	Company, "LLC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1823 West Atlantic ALL Delray Beach, FL 334/45	821 Delmar Way APT 107 Dellay Beach, FL 33483
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
Er.K Benite	۷_
Name	•
Florida street address (P.O. F	Box NOT acceptable)
Delray Beach City	FL 33483 Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Registered Agent's Signat	ture (KEQUIKED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Frik Beniter 821 Delmar Wy Apt 107 Della Black Fl. 334
(Use attachment if necessary)  LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am awar ament to the Department of State constitutes a third degree
E. 6 Da.	yped or printed name of signee
Cr. Ben	