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(Requestor	s Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
(Business E	Entity Name)	
(Document	Number)	
Certified Copies C	ertificates of Sta	tus
,		
Special Instructions to Filing O	fficer:	

Office Use Only



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COVER LETTER

TO:	New Filing So Division of Co					
SUB.	JECT: BBQ Bell	eview, LLC				
002		(Name of Res	ulting Florida Limito	ed Com	ipany)	
					d fees are submitted to convectordance with s. 605.1045, l	
Pleas	e return all corre	espondence concerning	g this matter to:			
Ken k	Cirkpatrick					
		(Contact Person)				
Herita	ige Management Co	огр.				<u> </u>
		(Firm/Company)				in the state of th
2605	SW 33rd St. Bldg 2	00				
		(Address)				()
Ocala	, FL 34471					-1 WH 10: 43
	((City, State and Zip Code)	-			#
	heritagemanageme					ىرى
E-	mail Address: (to b	e used for future annual re	port notifications)			
For f	urther informati	on concerning this ma	tter, please call:			
Paul .	Ayoub		_at (³⁵²) ⁴⁸²⁻⁰	7777	
	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)	
		or the following amou a bank located in the		rocess	sed by this office must be pay	yable in US
(\$25) & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:	MAILI	ING A	ADDRESS:	
	Filing Section		New Fi	-		
	sion of Corporat on Building	ions	Divisio P. O. B		Corporations	
	Executive Cent	er Circle			FL 32314	

Tallahassee, FL 32301

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 pric BBQ Belleview, Inc.	or to the filing of the Articles of Conversion is:
(Enter Name of Other Business Ent	ity)
2. The "Other Business Entity" is a Corporation	P94-28595
(Enter entity type. Example: corporation, limited partners	hip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of(Enter	state, or if a non-U.S. entity, the name of the country)
04/12/1994 on	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set	forth in the attached Articles of Organization:
BBQ Belleview, LLC	
(Enter Name of Florida Limited Liability Co	ompany)
4. If not effective on the date of filing, enter the effective dat	e:
(The effective date: Cannot be prior to date of receipt or f the date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable statu- document's effective date on the Department of State's records.	t of State.)
5. The plan of conversion has been approved in accordance w	vith 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 18	day of September	20_19
Signature of Aut	thorized Representative of Limi	ted Liability Company:
G:	1	Mal
Signature of Auth	norized Representative:	THIN T
Printed Name: Ken	neth B. Kirkpatrick	Title: Manager
		See below for required signature(s)]
Signaturé:	Wholes	
Printed Name: Ken	meth B. Kirkpatrick	Title: Director / Treasurer
Signaturo:		
Drinted Name:		Title:
Frinted Name		
Signature:		m: I
Printed Name:		Title:
Signature:		
Drinted Name:		Title
Finned Name.		Title:
Signature:		
Printed Name:		Title:
Cianatura		
Drinted Manage		Tial
Printed Name:		Title:
If Florida Corpo	ration:	
	man, Vice Chairman, Director, or	Officer.
_	ficers have not been selected, an In-	

If Florida General Signature of one C	<mark>al Partnership or Limited Liabili</mark> General Partner	ty Partnership:
Signature of one C	Schelai i arther.	
If Florida Limite	d Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALI	L General Partners.	
All others:		
Signature of an au	thorized person.	
-	•	
Fees:		
Articles o	of Conversion:	\$25.00
	Florida Articles of Organization:	\$125.00
Certified		\$30.00 (Optional)
Certificat	e of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:	
BBQ Belleview, LLC		
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability Company i	3:
Principal Office Address:	Mailing Address:	
2605 SW 33rd St	PO Box 2495	
Bldg 200		
Ocala, FL 34471	Ocala, FL 34478	
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:	
Tellien 2. Tellipunok	Name	
2605 SW 33rd St. Bldg. 2 Florida street address	Name A O O O SS (P.O. Box NOT acceptable)	
Ocala	FL 34471	
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 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)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Sami BDO LLC
WOR	iServ BBQ, LLC PO Box 2495
	Ocala, FL 34478
(Use attachment if necessary)	
(0.00 0.0000000000000000000000000000000	
NOVE WOOD	
CICLE V: Other provisions, if any.	
DEGUIDED CLONATUDE	
REQUIRED SIGNATURE:	. 7

Typed 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)

as provided for in s.817.155, F.S.

Kenneth B. Kirkpatrick, Manager