L2000 152715

(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:
w20-53695

Office Use Only



800345605348

06/01/20--01008--004 **180.00

2971 JUN -1 PH 1:21

TALLY HE DE SEE THE SE

^{Camble}y Call Cambley



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME) (D	(DOCUMENT #)	
2. (CORPORATE NAME) (0	OCUMENT #)	
3. (CORPORATE NAME	·) (C	(DOCUMENT #)	
	Pick up time: Certified Copy		
New Filings	Amendments	Other Filings	
New Filings	Amendments	Other Filings	
New Filings Profit	Amendments Amendments	Other Filings Annual Report	
New Filings Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name	

Examiners Initials

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 prior to the filing of the Articles of Conversion is: GOURMET EVOLUTION CORPORATION
(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.)
(Enter entity type. Example: corporation, limited partnership, 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)
04/15/2019
04/15/2019 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:
GOURMET EVOLUTION 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.



- aH	ک		
Signed this 28 H	day of <u>MAY</u>	20 _20	
		e of Limited Liability Company:	
Signature of Authori	zed Representative:		
Printed Name: JOHAN	NN VAN HEEL	Title: MANAGER	
			_
Signature(s) on beha	olf other Business	Entity: [See below for required signature(s)]	
	A STATE OF THE STA		
Printed Name: ALBER	WIND AND HEEL	Title: DIRECTOR	_
Signature:			_
		Title:	_
Signature:		Title:	_
Printed Name:		Title:	_
Signature:			_
Printed Name:		Title:	_
Signature:			_
Printed Name:		Title:	_
Signature:			_
Printed Name:	·	Title:	
	n, Vice Chairman, Dir	ector, or Officer. ed, an Incorporator must sign.	
If Florida General P Signature of one Gene		d Liability Partnership:	
If Florida Limited P. Signatures of ALL Go		d Liability Limited Partnership;	

All others:
Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
GOURMET EVOLUTION LLC	
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2100 PONCE DE LEON BLVD.	2100 PONCE DE LEON BLVD.
STE 1100	STE 1100
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
2100 PONCE DE LEON B	ORPORATION
CORAL GABLES	FL, ³³¹³⁴
City	Zip
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comples accept the obligations of my position a Registered Agent's	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 605, F.S Standard (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOHANN VAN HEEL
	2100 PONCE DE LEON BLVD STE 1100
	CORAL GABLES, FL 33134
	
	
	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	P
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
JOHANN VAN HEEL	
	ped or printed name of signee

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

ARTICLE IV-