(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oky/State/Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W2000060164
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Office Use Only



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07/07/29 401941-4099 **159.09



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2020

SYLVIA TAYLOR 739 EVERGREEN DR LAKE PARK, FL 33403

SUBJECT: MEMA'S KITCHEN LLC Ref. Number: W20000080164



We have received your document for MEMA'S KITCHEN LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 420A00014049

REUS WEEL

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: MEMA'S	KITCHEN LLC				
Sobrect.	(Name of Re	sulting Florida Lin	nited Co	mpany)	
	s of Conversion, Artic o a "Florida Limited L	•			
Please return all corr	espondence concernin	g this matter to	:		
SYLVIA TAYLOR					
	(Contact Person)				
	(Firm/Company)		<u> </u>		2020 SEP-1
739 EVERGREEN DR	IVE				ALL SEP
	(Address)				SS
LAKE PARK, FL 3340	3				AMIO: 27
((City, State and Zip Code)				5: 5
THECAKELADY2.ST@	ÐGMAIL.COM				2 7 유년
E-mail Address: (to b	e used for future annual re	port notifications)			3>
For further informati	on concerning this ma	tter, please call	:		
SYLVIA TAYLOR		at (⁵⁶¹	876-	-3387	
(Name of Conta	ect Person)	(Area Cod	e) (Da	ytime Telephone Number	·)
	for the following amou a bank located in the	•	proces	ssed by this office mu	st be 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 and Certified Co		☐S185.00 Filing Fees Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New Divis	et Address: Filing Section sion of Corporations Centre of Tallahassee	
Tallahassee, l	FL 32314		2415	N. Monroe Street, St	iite 810

Tallahassee, FL 32303

Articles of Conversion

"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: MEMA'S KITCHEN INC
(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)
SEPTEMBER 17, 2019
(date of organization, formation or incorporation)
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MEMA'S KITCHEN LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: SEPTEMBER 17, 2019
(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.

P191000 73489

Signed this 30TH day of: JUNE	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: SYLVIA TAYLOR	Tyle: PRESIDENT
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Printed Name: SYLVIA TAYLOR	Title: PRESIDENT
Signature: My Duy PERCY TAYLOR	_ Title: VICE PRESIDENT
Signature: Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Li	iability Company is:		
MEMA'S KITCHEN LLC	ha words "Limited Lightlity	Company, "L.L.C.," or "LLC.")	
(Must contain t	ne words Elimited Liability	Company, E.E.C., or EEC.)	
ARTICLE II - Address: The mailing address and str	reet address of the pri	ncipal office of the Limite	ed Liability Company is:
Principal Office Address:		Mailing Address:	
739 EVERGREEN DRIVE		739 EVERGREEN DRIVE	
LAKE PARK, FL 33403		LAKE PARK, FL 33403	
			
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid	anot serve as its own Registed da registration.)	ered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida s	treet address of the re	egistered agent are:	
SYLVIA	TAYLOR		
	Name		
739 EVE	ERGREEN DRIVE		
Florid	a street address (P.O.	Box NOT acceptable)	
LAKE PA	ARK	FL 3340 3	
	City	Zip	
liability company at the registered agent and agree statutes relating to the paccept the obligations	ne place designated in the to act in this capacitoroper and complete per of my position as reg	this certificate, I hereby ac	oly with the provisions of all and I am familiar with and
	(CONTENII	* 1 K7 F% \	D2D (

ARTICLE IV-

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				
MGR	SYLVIA J. TAYLOR			
	739 EVERGREEN DRIVE			
	LAKE PARK, FL 33403			
AMBR	PERCY C. TAYLOR			
	739 EVERGEEN DRIVE			
				
	LAKEPARK, FL 33403			
				
				
		2020		
	3	SEP		
(Use attachment if necessary)		5 T		
(See attachment if necessary)	•	SS -		
		(T)		
CLE V: Other provisions, if any.		AM IO:		
		<u></u>		

REQUIRED SIGNATURE:

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SYLVIA J.TAYLOR

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)