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COVER LETTER

Pizza LLC
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ganization, and fees are submitted to convert an "Other ompany" in accordance with s. 605.1045, F.S.
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e call:
160) 205 - 8183 ra Code) (Daytime Telephone Number)
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necks processed by this office must be payable in US ates)
0 Filing Fees fied Copy Certified Copy, and Certificate of Status
Street Address:
New Filing Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

nto

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 3216	Entity" immediately prices	or to the filing of the A	rticles of Conversion is:
(Enter	r Name of Other Business Enti	ity)	_ ·
2. The "Other Business Entity" is a (Enter entity type. Example:	Lvc.	Conponation thip, general partnership, co	mmon law or business trust, etc.)
First organized, formed or incorporate	ted under the laws of(Enter s	FLORIRA state, or if a non-U.S. entity	the name of the country)
on <u>July 29, 2020</u> (date of organization, formation or inco	rporation)		
3. The name of the Florida Limited 1	0: 1/0		Articles of Organization:
(Enter Name o	f Florida Limited Liability Co.	mpany)	 '
4. If not effective on the date of filin (The effective date: Cannot be prior the date this document is filed by the Note: If the date inserted in this block does document's effective date on the Department.	or to date of receipt or fi he Florida Department not meet the applicable statute	led date nor more that of State.)	in 90 calendar days after
5. The plan of conversion has been a	pproved in accordance wi	ith all applicable statut	es.
6. The "Converted or Other Business I which such members are entitled ur	Entity" has agreed to pay ander ss. 605.1006 and 605.	ny members having app 1061-605.1072, F.S.	oraisal rights the amount to
			PTH 20 NOV 20 STALLMASS

Signed this 16 day of Nov	20_20		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Josh VARSEN	Title: AMBR	_	
Signature(s) on behalf of Other Business Entity:			
Signature: Printed Name: Josh VARSEN		_	
Printed Name: Josh VARSEN	Title: AMBR	-	
Signature:Printed Name:	Tist	_	
Signature:Printed Name:	Title:	<u>-</u> -	
Signature:			
Printed Name:	Title:	- -	
Signature:Printed Name:	Title:	- -	
Signature:			
Signature: Printed Name:	Title:	<u>-</u>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	IALLAN J. Green	20 NOV
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	ASSITE.	
All others: Signature of an authorized person.		FLORIDA	20 PM 6: 31
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 Compa	any is:	
32/60 p.	TEA 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 is:
Principal Office Address:	Mailing Address:	
SATEILITE BEUCH PL 3293)		
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of fosh 272 Hwy	VARSEN/ Name	FILED 20 NOV 20 PH 6: 31

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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager ##78R	Josh WARSEN 50 Berly STR. Apt CIYO SMTELLITE Broach FL 32
	50 Berly STR. Apt C14
	SMECLITE Broach FL 33
(Use attachment if necessary)	
CLE V: Other provisions, if any.	SET TO PE
	<u> </u>
REQUIRED SIGNATURE:	
L1/	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon
Josh	varsen/ oed or printed name of signee
У Тур	oed 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)