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(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:
W21000061207 #1+#3 Combuser Arts

Office Use Only



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COVER LETTER

& \$125 for Articles Status of Organization) Mailing Address: New Filing Section Certificate of Status Street Address: New Filing Section	TO: New Filing Sec Division of Cor						
(Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s, 605.1045, F.S. Please return all correspondence concerning this matter to: KATALINA PENARANDA, ESQ. (Contact Person) GUTTENMACHER, BOHATCH & PENARANDA, P.A. (FirmyCompany) 7301 SW 57th Court, Suite 560 (Address) South Miami, FL 33143 (City, State and Zip Code) kpenaranda@gbptaxlaw.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: KATALINA PENARANDA, ESQ. (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees (325 for Conversion and Certificate of Status) Mailing Address: New Filing Section Street Address: New Filing Section	SUBJECT: CHECKER	S LIQUORS XXV, LLO					
Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: KATALINA PENARANDA, ESQ. (Contact Person) GUTTENMACHER, BOHATCH & PENARANDA, P.A. (Firm/Company) 7301 SW 57th Court, Suite 560 (Address) South Miami, FL 33143 (City, State and Zip Code) kpenaranda@gbptaxlaw.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: KATALINA PENARANDA, ESQ. (Name of Contact Person) Given Code) (Name of Contact Person) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) S150.00 Filing Fees and Certificate of Status S150.00 Filing Fees and Certificate of Status Mailing Address: New Filing Section Street Address: New Filing Section				ted Con	npany)		
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Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		porations					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity"

Into 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.

(Enter Name of Other Busine	ess Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type, Example: corporation limited p	POGOOCO 145 artnership, general partnership, common law or business trust, etc.)
(===== carry syper Example: corporation, manea p	FLORIDA
First organized, formed or incorporated under the laws of	of
	Enter state, or if a non-U.S. entity, the name of the country)
4/27/2006 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company CHECKERS LIQUORS XXV, LLC	as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liabi	lity Company)
4. If not effective on the date of filing, enter the effective (The effective date: Cannot be prior to date of receip	e date:
the date this document is filed by the Florida Depart	nor med date nor more than 90 calendar days after ment of State.)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accorda	ace with all applicable statutes.

Signed this $\frac{6}{2}$	11 day of _	Macch	20 <u>2).</u>	
Signature of Au	thorized Repr	esentative of Lin	nited Liability Company:	
Signature of Aut Printed Name: <u>SI</u> L	horized Repres VIA G. MUNDE	entative:	Title: MANAGER-	
			[See below for required signature	
Signature:	dra L	Mus	Title: PRESIDENT	
Printed Name: Sil	LVIA G. MÚNDE	R 🔑	Title: PRESIDENT	
Signature:				
Printed Name:			Title:	
Signature:			Title:	
Printed Name:			Title:	
Signature:			Title:	
Printed Name:			Title:	
Signature:				
Printed Name:			Title:	
Signature:				
Printed Name:			Title:	
	irman, Vice Cha	airman, Director, o been selected, an I	r Officer. ncorporator must sign.	
	al Partnership	or Limited Liabi		
If Florida Limit Signatures of AL			lity Limited Partnership:	
All others: Signature of an a	uthorized perso	n.		
Fees:				
Fees for Certified		s of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat The name of the L	me: imited Liability Company	is:	
CHECKERS LIQUO			
(Mı	ust contain the words "Limited Lial	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac	idress:		
The mailing address	ss and street address of the	principal office of the Limited Liability Compa	ıny is
Principal Office A	Address:	Mailing Address:	
35202 S. DIXIE HIG	SHWAY	35202 S. DIXIE HIGHWAY	
FLORIDA CITY, FL		FLORIDA CITY, FL 33034	
ARTICLE III - R	Registered Agent, Register	red Office, & Registered Agent's Signature:	
(The Limited Liability C business entity with an	Registered Agent, Register Company cannot serve as its own Re active Florida registration.) Florida street address of the	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another c registered agent are:	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)	gistered Agent. You must designate an individual or another	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the ALAN K. MARCUS, ESQ.	gistered Agent. You must designate an individual or another	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the ALAN K. MARCUS, ESQ.	gistered Agent. You must designate an individual or another c registered agent are: me	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the ALAN K. MARCUS, ESQ. Na 2600 DOUGLAS ROAD, S	gistered Agent. You must designate an individual or another c registered agent are: me	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the ALAN K. MARCUS, ESQ. Na 2600 DOUGLAS ROAD, S	gistered Agent. You must designate an individual or another e registered agent are: me UITE 1111	
(The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.) Florida street address of the ALAN K. MARCUS, ESQ. Na 2600 DOUGLAS ROAD, S Florida street address (F	gistered Agent. You must designate an individual or another e registered agent are: me UITE 1111 CO. Box NOT acceptable)	

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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	SILVIA G. MUNDER
	35202 S. DIXIE HIGHWAY
	FLORIDA CITY, FL 33034
MGR	DAMIAN TAMAYO
	35202 S. DIXIE HIGHWAY
	FLORIDA CITY, FL 33034
MGR	SILVIA PEREIRAS
	35202 S. DIXIE HIGHWAY
	FLORIDA CITY, FL 33034

(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	-
	• 0 • •
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.

SILVIA G. MUNDER

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)

May 4, 2021

KATALINA PENARANDA, ESQ. 7301 SW 57TH CT, STE 560 SOUTH MIAMI, FL 33143

SUBJECT: CHECKERS LIQUORS XXV, LLC

Ref. Number: W21000061207

We have received your document for CHECKERS LIQUORS XXV, LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CORRECT ARTICLES OF CONVERSION #1 & 3

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.

Letter Number: 921A00009306

James G Harris Regulatory Specialist II