# 121000306397

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Bloom's Restaurant, LLC		
(Name o	f Resulting Florida Limited	Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite		i, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence conce	rning this matter to:	
Stephen W. Screnci, Esq.		
(Contact Person)	<u> </u>	
Stephen W. Screnci, P.A.		
(Firm/Company)		
2700 North Military Trail, Suite 355		
(Address)		
Boca Raton, FL 33431		
(City, State and Zip Co		
sws@screncilaw.com		
E-mail Address: (to be used for future annu	ual report notifications)	
For further information concerning this	s matter, please call:	
Stephen W. Screnci, Esq.	·	00-3390
(Name of Contact Person)	at ()_ (Area Code)	(Daytime Telephone Number)
	mount: (All checks pro	cessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing F and Certificate of Status	ees S180.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status
Mailing Address:		treet Address:
New Filing Section Division of Corporations		ew Filing Section ivision of Corporations
P.O. Box 6327		he Centre of Tallahassee

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: bom's Restaurant, Inc.
DIC	(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.)
	est organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
	06/29/2020
OH	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Blo	pom's Restaurant, LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
<u>No</u>	e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.



Signed this <u>03gb</u> day of <u>June</u>	20_Z1
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative:  Printed Name: M. June Stephens	Vitle: Marrager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Mare Hephens	
Printed Name: M. June-Stephens	Title: Secretary
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLE	<b>N</b> T				
ARTICLE I - The name of th	Name: ne Limited Liability Compan	y is:			
Bloom's Restau	rant LLC				
5100111011001001		iability Company, "L.L.C.," or "LLC.")			
ARTICLE II		ne principal office of the Limited	Liability Co	ompan	y is:
Principal Offi	ce Address:	Mailing Address:			
11 Music Circle	South	11 Music Circle South			
Nashville, TN 37		Nashville, TN 37203 USA			
business entity wit	h an active Florida registration.) the Florida street address of t	Registered Agent. You must designate an ind the registered agent are:			
	Stephen W. Screnci, Esq.	<del></del>			
	N	lame			
	2700 North Military Trail, S	Suite 355			
	Florida street address (	(P.O. Box NOT acceptable)			
	Boca Raton	FL 33431			
	City	Zip			
liability c registered ag statutes rel	ompany at the place designate yent and agree to act in this ca ating to the proper and compl	nd to accept service of process for ed in this certificate, I hereby accepacity. I further agree to comply lete performance of my duties, and as registered agent as provided for	pt the appoi with the pro H am famili	ntmen vision ar with	t as s of al i and
		Signature (REQUIRED) TINUED)	TALLARASSE	2 <b>121 JUN</b> 30	

	DT			11 11 /
А	RT	IC.I	h.	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	M. June Stephens
<u>WGR</u>	11 Music Circle South
	Nashville, TN 37203
	14a5114111E, 114 37203
<del></del>	
	<del></del>
<del></del>	
<del></del>	<del>-</del>
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
	- De Deus
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware tument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes. I am aware turnent to the Department of State constitutes a third degree fel
Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes. I am aware t