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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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DIVISION OF SCHEDENTIALS

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To whom it may concern,

Getta Gripp LLC (Document Number: L18000106348) was administratively dissolved this year and became inactive. I do not plan to ever reinstate this company and would like the name be given to the new filing our company just made with the state of Florida.

Our foreign entity "Getta Gripp, LLC" just submitted paperwork (Document Number: W21000140631) a couple of weeks ago to the Division of Corporations to become a Florida LLC. We are transferring to FL from NJ. Please allow this new filing to use the name "Getta Gripp, LLC".

Thank you,

Matthew Vieke LLC Managing Member

21 NOV -9 AM 9: 11

BIVISION OF CHICAGO

COVER LETTER

| TO: New Filing Division of | Section Corporations | | | |
|---|---|--|---|-------|
| SUBJECT: Getta G | Bripp, LLC | | | |
| | | sulting Florida Limit | ited Company) | |
| The enclosed Articl Business Entity" in | es of Conversion, Artic to a "Florida Limited L | eles of Organizati iability Company | tion, and fees are submitted to convert an "C ny" in accordance with s. 605.1045, F.S. |)ther |
| Please return all cor | respondence concerning | g this matter to: | | |
| Matthew Vieke | | | | |
| | (Contact Person) | | _ | |
| Getta Gripp, LLC | | | | |
| | (Firm/Company) | - | - | |
| 2633 NW 36th St | | | | |
| | (Address) | | _ | |
| Boca Raton, FL 3343 | 4 | | | |
| | (City, State and Zip Code) | | _ | |
| matt@gettagripp.com | | | | |
| E-mail Address: (to | be used for future annual re | port notifications) | _ | |
| Continution informs as | ian nanananin alita an | . 1 | | |
| | ion concerning this ma | tter, please call: | | |
| Matthew Vieke | | _at (³¹⁷ | 752-6467 | |
| (Name of Cont | act Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a check dollars and drawn or | for the following amount a bank located in the | int: (All checks pi United States) | processed by this office must be payable in I | IJS |
| S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □\$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing and Certified Copy | | |
| Mailing Add | | <u>:</u> | Street Address: | |
| New Filing S | | ì | New Filing Section | |
| Division of C P.O. Box 632 | | | Division of Corporations | |
| | - 1 | | The 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 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: Getta Gripp LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Corporation (LLC) |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of New Jersey (NJ) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| onMarch 8, 2016 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Getta Gripp, LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 10/18/2021 |
| (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. |

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

5. The plan of conversion has been approved in accordance with all applicable statutes.

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

| Signed | this <u>18</u> | _ day of October | 20 <u>21</u> |
|---------------------------------------|--------------------------------|---|--|
| Signatu | re of Author | rized Representative of L | united Liability Company: |
| C: | n . n C A dla n i | zed Representative: | lew dam |
| Signatu Printed i | re of Authori: Name:Jesse I | zed Representative: | Title: Manager - Registered Agent |
| i i i i i i i i i i i i i i i i i i i | Marrie, ocose E | yrrian t | TITIC, Manager - Registered Agent |
| Signatu | re(s) on beha | lf of Other Business Entit | y: [See below for required signature(s)] |
| | land 1 | in | _ , , , , , , , , , , , , , , , , , , , |
| Signatur | e: Ruely | limon. | Title: Manager - Registered Agent |
| Printed | Name: Jesse L | уппан | Title: Manager - Registered Agent |
| Signatur | e: | | |
| Printed 1 | Name: | | Title: |
| | | | |
| Signatur | e: | | 49.1 |
| Printed | Name: | | Title: |
| Signatur | ·c: | | |
| Printed 1 | Name: | | Title: |
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| Signatur | e: | | 7837.3 |
| Printed | Name: | <u> </u> | Title: |
| Signatur | e: | | |
| Printed 1 | Name: | | Title: |
| | | | |
| | la Corporatio | | 0.07 |
| | | n, Vice Chairman, Director, s have not been selected, an | |
| n Direct | ors or Officer | s nave not been selected, an | i incorporator must sign. |
| If Floric | la General Pa | artnership or Limited Lia | bility Partnership: |
| | c of one Gene | | |
| | | | |
| | | | bility Limited Partnership: |
| Signatur | es of <u>ALL</u> Ge | eneral Partners. | |
| All othe | rs: | | |
| | e of an author | ized person. | |
| | | | |
| <u>Fees:</u> | | | |
| | Articles of Co | inversion: | \$25.00 |
| | | niversion. da Articles of Organization | • • • • • • |
| | Certified Cop | | \$30.00 (Optional) |
| | Certificate of | | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|---|---|-----------|--|
| Getta Gripp, LLC (Must contain the words "Limited Liability | y Company, "L.L.C.," or "[L.C.") | | |
| ARTICLE II - Address: The mailing address and street address of the pri | rincipal office of the Limited Liability Cor | mpany i: | s: |
| Principal Office Address: | Mailing Address: | | |
| Getta Gripp, LLC 2633 NW 36th St | Getta Gripp, LLC 2633 NW 36th St | | |
| Boca Raton, FL 33434 | Boca Raton, FL 33434 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Jesse Lyman | tered Agent. You must designate an individual or anothe | 21 NOV -9 | SECREARING DIVISIONI SINGRADI DIVINI NO SINGRADI |
| Name | : | AH 9: | 700 700 700 700 700 700 700 700 700 700 |
| 2633 NW 36th St | | æ. | |
| Florida street address (P.O. | . Box NOT acceptable) | • | ; . |
| Boca Raton | FL 33434 | | |
| City | Zip | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit | this certificate. Thereby accept the appoin | tment as | s. |

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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|---|-------|-----|------|----|-------|
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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 | Jesse Lyman |
| | 622 5th St NE, Unit 3 |
| | Tuscaloosa, AL 35404 |
| MGR | Matthew Vieke |
| | 2633 NW 36th St |
| | Boca Raton, FL 33434 |
| MGR | Christopher Livesey |
| | 65 Silver St |
| | Norwood, MA 02062 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| , · · · · · · · · · · · · · · · · · · · | |
| | |
| LE V: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| <i>H</i> | USP SIGNIN |
| | |
| Signature of a member or This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware |
| any false information submitted in a docu- as provided for in s.817.155, F.S. | ment to the Department of State constitutes a third degree for |
| Jesse Lyman | |
| <u> </u> | |

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)