# L22000007545

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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W21-143015



November 2, 2021

ARIBA MORRIS NEMBHARD REBA'S CATERING SERVICE LLC. 11521 NW 24 STREET PLANTATION, FL 33323

SUBJECT: REBA'S CATERING SERVICE LLC.

Ref. Number: W21000143015

We have received your document for REBA'S CATERING SERVICE 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):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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: 421A00026655

DANIEL L O'KEEFE Regulatory Specialist II

#### **COVER LETTER**

TO:	New Filing So Division of C	orporations				_	
SUBJI	е <b>ст</b> : <i>R</i>	eba's	Catering	Service	ڪ	Inc.	
		(N	lame of Resulting Flo	orida Limited Cor	mpany)	_	
			ion, Articles of O Limited Liability (				o convert an "Other .1045, F.S.
		-	concerning this m				
	Ariba	Morris	. Nembha	ard			
Re	ba's Ca	(Contact Per Hering	son) Service 1	110			
/	1521 NU	Firm#Comp 1 24	any) Street				
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1eb	9Scaterin	911c@0	mailacom				
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Hrib	(Name of Conta	IV Emph	$\frac{1}{1}$ at $\frac{9}{1}$	59 ) <u>S</u> rea Code) (Day	505-4	ephone Number)	_
Enclose	ed is a check fo	or the follow		checks process		-	be payable in US
(\$25 for	.00 Filing Fees Conversion for Articles nization)	\$155.00 Fi and Certificat Status	~	.00 Filing Fees tified Copy	Certific	5.00 Filing Fees, ed Copy, and cate of Status	
	Mailing Addr New Filing Se				t Addre Filing S		
	Division of Co				_	Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# INHS11 (7/17)

P.O. Box 6327

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Neba's Catering Services INC.  Wenter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on \( \lambda \rangle \gamma \frac{35}{202} \) (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Reba's Cafering Service LLC.  (Einer Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 10/25/20/.  (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 Rusiness Entity" has agreed to pay any members having appraisal rights the amount to

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 26 day of October	202/
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: A. M. Printed Name: Ariba Morris Nembrard	mlum_ Title: <u>President/Manager</u>
Signature(s) on behalf of Other Business Entity:	
Signature: Josephand Printed Name: Jais Nendy	Title: Tessurer
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
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.	
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:	2621 h
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 Company is:

Reba's Catering S  (Must contain the words "Limited Liab	ervice LLC.  pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11521 NW 24 Street Plantation, FL 33323	1/52/ NW 24 Street Plantation, FL 33323
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registration active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	
Taunia	Cummings me  Brd Way  O. Box NOT acceptable)
Nai	me /
<u>4441</u> NW 93	Brd Way
Florida street address (P.	O. Box NOT acceptable)
Sunrise	FL 33351 Zip
City	Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
Registered Agent's Si	Thurst Cecuring S Eguature (REQUIRED)
(CONT)	NUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>Manages</u>	Ariba Morris Nembhard
Authorized Member	Plantation, FL 33323  Tason I. Nembhard  1521 NN 24 street  Plantation, FL 33323
(Use attachment if necessary)	<u>त्र</u>
FICLE V: Other provisions, if any.	
	<u></u>
REQUIRED SIGNATURE:	

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)

as provided for in s.817.155, F.S.