# 12200029/128

(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:			

Office Use Only

T. SCOTT
JUN 2 9 2022



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CABLE AND/OR VIDEO
FRANCHISING
FRANCHISING
OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED 2022 JUN 15 AM 6: 30

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Convered By Grace Catering L.LC (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:
SHARON E. GREEN  (Contact Person)  Covered By Crace Ca tering, LLC  (Firm/Company)
(Flrm/Company)  1'7 Starking W3/ve  (Address)
Daytona Beach Ha 32117 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 334-8917 (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)
\$150.00 Filing Fees   \$155.00 Filing Fees   \$180.00 Filing Fees   \$185.00 Filing Fees,   (\$25 for Conversion and Certificate of and Certified Copy & Certified Copy, and   & \$125 for Articles   Status   Certificate of Status    of Organization)
Mailing Address:Street Address:New Filing SectionNew Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

#### **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.

Signed this 10 day of JUNCE	20_ <b></b>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representatives Mrs.	sel H.
Signature of Authorized Representative: Morinted Name: SHARON & CREEN	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	
Signature: Struck Liver E. Green	
Printed Name: SHAWN E. Green	Title: President
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Trial
Printed Name:	I itle:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	tu Danta analisa .
Signature of one General Partner.	ty Partnership:
<b>2</b>	
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 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	3 <b>a</b> 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
COVERED BY (VACE_ (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17 Harling Dire	11 Starting Bire
DAYtora Beach, Fla. 32117	Drytour Brack the
32/17	32/17
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
SHARON E. C.	reen
1 (dillo	
17 Starling A Florida street address (P.O.	Box NOT acceptable)
i)a) tener Beach	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
Starol De	TALL AND SINGLE COLUMN
Registered Agent's Signa (CONTINU	JED)

"MGR" = Manager Mirunger  Stylic E. Green  (Use attachment if necessary)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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 to any false information submitted in a document to the Department of State constitutes a third degree fel as provided for in s.817.155, F.S.  HARRY E. Green  Typed or printed name of signee  Filing Fees	"MGR" = Manager	SHARON E. GSEEN
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Typed or printed name of signee Filing Fees	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 felor
Typed or printed name of signee <u>Filing Fees</u>		
	Тур	oed or printed name of signee
	\$125.00 Filing Fee for Articles of	

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

ARTICLE IV-

Company: