220004582

(Requestor's	Name)
(Address)	
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(City/State/Zi	p/Phone #)
PICK-UP W	'AIT MAIL
(D	No. Many
(Business Er	itity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	cer;

Office Use Only



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S. CHATHAM

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 10/20/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1081309

ORDER ENTITY

SOUTHERN STAR RESTAURANT MANAGEMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: SOUTHERN STAR RESTAURANT MANAGEMENT, LLC (FL)

File the attached conversion and subsequent articles of organization and provide a certified copy and certificate of status.

NOTES:

\$185.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



October 20, 2022

INCSERV

Please hener the eriginal submission date as the file date Thanks! I

SUBJECT: SOUTHERN STAR RESTAURANT MANAGEMENT, LLC

Ref. Number: W22000133033

We have received your document for SOUTHERN STAR RESTAURANT MANAGEMENT, LLC. However, the document has not been filed and is being returned for the following:

The organizational date needs to reflect the orginal date the entity was filed, according to our records that date is May 22, 2012. Please amendthe document accordingly.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 822A00023594

Please honor the energinal values special values that as the file dute thanks?



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Southern Star Restaurant Manage	gement, LLC	
(Name of Res	sulting Florida Limited Cor	mpany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organization, ar iability Company" in a	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Timothy E. Cloe		
(Contact Person)		
Southern Star Restaurant Management, LLC		
(Firm/Company)	_ 	
5020 Clark Road, #417		
(Address)		
Sarasota, FL 34233		
(City, State and Zip Code)		
timcloe@comcast.net		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	itter, please call:	
Timothy E. Cloe	at ()	
(Name of Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis The	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

SECRE IN THE STATE OF COLUMN OF COLUMN OF COLUMN OF COLUMN OF COLUMN OF 26

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: Southern Star Restaurant Management, Inc
(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.)
First organized, formed or incorporated under the laws of
on May 22, 2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Southern Star Restaurant Management, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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 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 19th day of October	_20 <u>22</u> .
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Timolly Printed Name: Timothy E. Cloe	ed by: F [] A
Signature of Authorized Representative:	e. cae
Printed Name: Timothy E. Cloe	Manager Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Timolly E. Uor Printed Name: 11/1861/19 2 Cloe	
Printed Name: Tifffolity & Cloe	Title: President
Signature:	997 . 1
Printed Name:	l'itle:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Frinted Name.	Titte.
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	corporator must sign.
If Florida General Partnership or Limited Liabilities Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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)
CULLICATE OF STATUS.	Ψυ.ου (Ψριισιιαι)

DIVISOR OF STATE STATE OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Southern Star Restaurant Management, LL	C ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ta blading company, 15.5.6 or 25.6
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5020 Clark Road	5020 Clark Road
#417	#417
Sarasota, FL 34233	Sarasota, FL 34233
The name and the Florida street address Timothy E. Cloe	Name
5020 Clark Road, #47	17
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Sarasota	FL 34233
City	Zip . 22
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence the obligations of my position of the property: Timethy E. U.	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as also capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and son as registered agent as provided for in Chapter 605, F.S on the content of the content

(CONTINUED)

ARTICLE IV-

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Timethy Clas
MGR	Timothy Cloe 5020 Clark Road, #417
	Sarasota, FL 34233
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	— Does/Skroed by:
	- Docushigned by: Timoflus E. (Lor
	Docushgrand by: Timofly E. (Lor — 35748CA78A3D4E8
REQUIRED SIGNATURE: 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 that ment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
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Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony Timothy E. Cloe Timothy E. Cloe The dorprinted name of signee Filing Fees Of Organization and Designation of Registered Age
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony Timothy E. Cloe Timothy E. Cloe

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