L23000001155

(Requestor's Name)		
(Addres	ss)	
(Äddres	58)	
(City/SI	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filir	ng Officer:	





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COVER LETTER

TO:	New Filing Se Division of Co				.•
SUBJ	ECT:	Name of Resi	Family Kulting Florida Dimited Co	Citchen ompany)	
The e	nclosed Articles ess Entity" into	of Conversion, Articl a "Florida Limited Lia	es of Organization, a ability Company" in	and fees are submi accordance with s	tted to convert an "Othe 6, 605,1045, F.S.
Please	return all corre	spondence concerning	g this matter to:		
<u></u>	Tiffanc Martin Dy Adar	Marting (Contact Person) Family (Firm/Company) MS AVE. (Address)	itchenLL	C	
		City. State and Zip Code) Lartin 2 Ce e used for future annual re		γ	
For fi	arther information	on concerning this ma	tter, please call:		
TI	FFany M (Name of Conta	ct Person)	_at (<u>321</u>) = (Area Code) (E	720-990 Daytime Telephone No)5 umber)
Enclo dolla	osed is a check f rs and drawn on	or the following amou a bank located in the	int: (All checks proc United States)	essed by this offic	e must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing Feet and Certified Copy	S \$185.00 Filing Certified Copy, a Certificate of Sta	and
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations	Ne Div	reet Address: w Filing Section vision of Corporat e Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

P.O. Box 6327

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

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Martin family Kitchen LLC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>CALIFORNIA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{9-14-2018}{\text{(date of organization, formation or incorporation)}}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MARTIN FAMILY Kitchen
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: $8 - 23 - 2022$
(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.
202

Signed this <u>33</u> day of <u>August</u>	20 <u>22</u>			
Signature of Authorized Representative of Limit				
Signature of Authorized Representative: Affine Printed Name: TIFFany MARTIN	Title: COP	_		
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)			
Signature: Richard MARTIN	Title: MNG	_ _		
Signature:Printed Name:	_ Title:	-		
Signature:Printed Name:		_ _		
Signature: Printed Name:		<u>-</u>		
Signature:Printed Name:	_ Title:			
Signature:Printed Name:		<u> </u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. orporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	IAI	202	
All others: Signature of an authorized person.		LAHASI	2023 JAN -3	
Fees:			3 PM	Ţ
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	4 08 fee	6: 55	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MARTIN THMILY KITCHEN LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
Soy Adams Ave. Cape Canaveral Fig. 32920 Soy Adams Ave. Cape Canaveral, Fla 32920		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Tiffany Martin Name		
504 Adams Ave. Florida street address (P.O. Box NOT acceptable)		
Cape Canaveral FL 32920 City Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)		

Company:			
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: Pichard Martin Byor N. Atlantic Ave. A20 Cape Caraveral Pg. 32920		
	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
	H-3 PM 6		
(Use attachment if necessary)	55 S		
ARTICLE V: Other provisions, if any.	ichard Martin is 10% owner		
REQUIRED SIGNATURE:	2/1/4		
This document is executed in accordance any false information submitted in a document as provided for in \$ 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		
Ri	chard Martin uped or printed name of signee		
1)	ped of printed name of signee		

ARTICLE IV-

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)

O'Keefe, Daniel L.

From: Tiffany Martin <tiffanymartin2@me.com>

Sent: Tuesday, January 3, 2023 7:00 PM

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To: O'Keefe, Daniel L. **Subject:** Martin family Kitchen

EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello.

I, Tiffany Martin do not plan to reinstate the dissolved company of Martin family Kitchen LLC and would like to use that name on my current application

Thank you very much Tiffany Martin 321-720-9905

Sent from my iPhone