L23000244121

(Requestor's Name)
(Address)
(Address)
,
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
11.12.0000/11/20.3
W2300064283

Office Use Only



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Division of Corporations

May 3, 2023

ADRIAN RODRIGUEZ 404 DUNAWAY DRIVE VALRICO, FL 33594 US

SUBJECT: 2CHEF4U CATERING SERVICES INC.

Ref. Number: W23000064283

We have received your document for 2CHEF4U CATERING SERVICES INC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

An individual must sign on behalf of the business entity you have designated as the registered agent.

The document number of the name conflict is P21000047194.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 823A00009899

een 23 Al

COVER LETTER

TO: New Filing Section Division of Corpor			
SUBJECT:	CHEFYU Cate (Name of Resulting Florida Li	ring Services in mitted Company)	NC.
The enclosed Articles of C Business Entity" into a "Fl	onversion, Articles of Organiz orida Limited Liability Compa	ation, and fees are submitted to only in accordance with s. 605.16	convert an "Other 045, F.S.
Please return all correspon	dence concerning this matter to):	
ADRIAN RODIU	GUGZ		
	CAtering Services	_	
404 DUDAWAY DRY	VE-	_ _	
	(Address) FL 33594		23 M
(City, St	PL 33594 ate and Zip Code)		
	for fathere annual report notifications	· Con	23 APR 10 M 6: 20
For further information con	ncerning this matter, please cal	l:	3. 20 Anth
ADIYAN ROOM	at (813	1 504 - 2840	•
(Name of Contact Pers	on) at (<u> </u>	le) (Daytime Telephone Number)	
Enclosed is a check for the dollars and drawn on a ban	following amount: (All checks k located in the United States)	processed by this office must be	c payable in US
	55.00 Filing Fees		
Mailing Address: New Filing Section Division of Corpora	itions	Street Address: New Filing Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FL, U.S.
(Enter state, or if a non-II C antity, the name of the course.)
on 5-19-21 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
- 1 V
2CHEFYU Catering Services LLC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/20/23
(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 20 day of March	20_23	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Ahn Printed Name: ADRIAN REDRIGUEZ		_
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature:		
Printed Name: Adman Rockliguez	Title: CEO - Owner	- -
Signature: Printed Name:		
Signature:Printed Name:		23 / SEC
rimed Name.	I HIC:	23 APR 10 SECRUMASS
Signature:		
Printed Name:	Title:	- C
Signature:Printed Name:		
Printed Name:	Title:	
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. If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	corporator must sign. ty Partnership:	
Signatures of ALL General Partners.	y maned i arenership.	
All others: Signature of an authorized person.		
Fees:		
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:	
QCHEFU() Catering (Must contain the words "Limited Liability	Services LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Valcico Pl 33594	Valrico Fr. 33544
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:
Adrian Rodrig Name	
Florida street address (P.O.	Box NOT acceptable)
	FL 33594 Zip
	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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager MGR / CEO	Name and Address:
	Adrian Rodriguez 404 Ounaway Drive Valvico FL. 33594
	——————————————————————————————————————
	
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	-2,
	- May
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony
	oed or printed name of signee Filing Fees
Ty	ped 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)