L23000273764

(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



000408953100

05/18/23--01024--011 **150.00



COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT: Charmer	kitchen LLC			
3013	JI.C 1.	(Name of Res	sulting Florida Limi	ted Cor	npany)
			•		nd fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to:		
Esra	Sezer Mese				
		(Contact Person)		-	
Char	merkitchen LLC				
		(Firm/Company)		=	
1265	0 Costas Way				
		(Address)		-	
Jacks	sonville, FL 32246	5			
	(1	City, State and Zip Code)		_	
charr	merkitchen@gma	il.com		_	
E-	mail Address: (to b	oe used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
Esra	Sezer Mese		_at (813-	7593
	(Name of Conto	act Person)	(Area Code	(Day	rtime Telephone Number)
		for the following amou a bank located in the		oroces.	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing and Certified Co		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection orporations		New Divis	t Address: Filing Section ion of Corporations Jentre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.605.4045, Florida Statutes.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Charmerkitchen LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Foreign Limited Liability (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
October 24th 2020
October 24th 2020 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Charmerkitchen 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 11th	_ day of <mark>May</mark>	20 23		
	rized Representative of Lin			
Signature of Authoric	zed Representative:	gel,		i
Printed Name: Esra Se	ezer Mese	Title: Owner	_	
Signature(s) on beha	If of Other Business Entity:	[See below for required signature(s)]		
Signature:	yelly.		_	
Printed Name: Esra Se	ezer Mese	Title: Owner	-	1
Signature:			_	
Printed Name:		Title:	_	
Signature:				,
Printed Name:		Title:	_	
Signature:			_	
Printed Name:		Title:	_	
Signature:		Title:	_	
Printed Name:		Title:	_	
Signature:	· . · ·	Title:	_	1
Printed Name:	······································	Title:	_	
If Florida Corporati	on:			ì
	a, Vice Chairman, Director, or is have not been selected, an I			•
<u>If Florida General P</u> Signature of one Gene	<u>artnership or Limited Liabil</u> eral Partner.	ity Partnership:		!
·				ł
<u>If Florida Limited P</u> Signatures of <u>ALL</u> Go	artnership or Limited Liabil eneral Partners.	ity Limited Partnership:		
				ì
All others: Signature of an author	rized person.			i
Fees:				
<u>rees.</u>				+
Articles of Ce		\$25.00	200	
Certified Cop	da Articles of Organization: v:	\$125.00 \$30.00 (Optional)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
Certificate of		\$5.00 (Optional)	Salar Maria	•
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				I.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Charmerkitchen LLC		
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE H - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12650 Costas Way, Jacksonville, FL 32246	12650 Costas Way	
	tacksonville El 32246	

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:

ARTICLE 1 - Name:

Esra Sezer Mese	
	Name
12650 Costas Way	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Jacksonville	FL 32246
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..

A STANDARY OF THE STANDARY OF

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AB	TI	CI	1.	IM_{-}

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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Esra Sezer Mese 12650 Costas Way, Jacksonville, FL 32246		
	- A supplied		
(Use attachment if necessary)			
LE V: Other provisions, if any.			
LE V. Other provisions, it any.			
	1		
REQUIRED SIGNATURE:	I FISH SEZER MESE		
REQUIRED SIGNATURE:	OWNER OF CHARMERKITCEN		

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)