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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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T. SCOTT

JUN 15 2023



700399364747





sushi bar

Where passion meets sushi...

BOB PASELA
PROPRIETOR & CHEF

December 22th, 2022

619.733.0430

Re: LLC Conversion to state of Florida from California

bob@sabukusushi.com

In the package attached:

- 1) Cover letter & check
- 2) Certificate of good standing from the state of California
- 3) ALL member meeting approving LLC conversion to Florida
- 4) Articles of Conversion
- 5) Articles of Organization

Please process as soon as possible & respond back to me promptly, as I believe I will need to contact the California secretary of state & terminate the California LLC only AFTER conversion approval in the state of Florida.

Thank you,

Robert L. Paséla

Owner & Managing Member



May 30, 2023

SABUKU SUSHI LLC 4461 WALTER ST FORT MYERS, FL 33905

We have received your document for SABUKU SUSHI LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete correct documents,

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.

Letter Number: 423A00012269

Tyrone Scott Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	New Filing So Division of Co			
		SABUKI) Susui	•
30D31.		(Name of Res	ulting Florida Limited Co	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please i	return all corre	espondence concerning	g this matter to:	
	ROBER	T PASELA	7	
	SAR	(Contact Person) UKU SUSUM (Firm/Company)	I	
·		(Firm/Company)		
	4461	(Address)	St	
	FORT O	NUERS, FL	37905	
4- 5-V-1	Ashley	NUESIS FL City. State and Zip Code) K SABUKU	SUSHI. COI	~
		e used for future annual rep		
For fur	ther informati	on concerning this mat	tter, please call:	
R	OBERT	Ct Person)	at (619)	133-0430
	(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
Enclose	ed is a check f		nt: (All checks proces	sed by this office must be payable in US
(\$25 for	Conversion for Articles	X\$155.00 Filing Fees and Certificate of Status		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add			et Address:
	New Filing S			Filing Section
	Division of C P.O. Box 632			sion of Corporations Centre of Tallahassee
	Tallahassee, I			N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

.,			
1. The name of the "Other Business E	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	LIMITED LIABI	ral partnership, common law	or business trust, etc.)
First organized, formed or incorporate	ed under the laws ofCAL	FBUNEA if a non-U.S. entity, the name	of the country)
on FEBRUARY 1 2016 (date of organization, formation or incorp	·		
3. The name of the Florida Limited L	iability Company as set forth in	the attached Articles o	of Organization:
	Florida Limited Liability Company)		
4. If not effective on the date of filing (The effective date: Cannot be prior the date this document is filed by th Note: If the date inserted in this block does not document's effective date on the Department. 5. The plan of conversion has been ap	to date of receipt or filed dat ie Florida Department of Stat iot meet the applicable statutory filing of State's records.	te nor more than 90 cale te.) g requirements, this date will r	
3. The plan of conversion has been ap	proved in accordance with an a	ipplicable statutes.	
6. The "Converted or Other Business Enwhich such members are entitled und	ntity" has agreed to pay any mer der ss. 605.1006 and 605.1061-6	nbers having appraisal rig 05.1072, F.S.	has the amount to 2023 JUN 16 AM 7: 1

Signed this 8 day of JUNG	_ _{20_} 2 5
Signature of Authorized Representative of Limi	led Liability Company:
Signature of Authorized Representative: Printed Name: ROBERT PASELO	Title: MANDGING MEMBER
Signature(s) on behalf of Other Business Portly:	
Signature: Printed Name: POSCA PAS GCA	10121210
Printed Name: 1400etd / 145 ech	Title: MAN NGING PREMISER
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc. If Florida General Partnership or Limited Liabili	Officer. corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 - I The name of the	Name: Limited Liability Compar	ny is:		
	SABUKU (Must contain the words "Limited I	DUS WZ, Liability Company.	TL.L.C.," or "LLC.")	
ARTICLE II - The mailing add	Address: lress and street address of t	the principal of	fice of the Limited	Liability Company is:
Principal Offic	e Address:	<u>Mailing</u>	Address:	
4461 U FORT MY	JALTER ST.	<u> </u>	ANE	
The name and t	HOBERT 4461 WALT Florida street address FORT MEG	г БР S T. (P.O. Box <u>NO</u>	T acceptable)	
	named as registered agent mpany at the place designa ent and agree to act in this c	and to accept so ited in this certi	ervice of process for	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	LODERT POSECA
	4461 WOLTER ST
	FORT MUGNS, FC 33905
	,
-	-
	
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	
	
<i>-</i>	1 //
REQUIRED SIGNATURE:	/ //
Signaturé 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
any false information submitted in a docur	ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	$\mathcal{O}_{\mathbf{a}}$
	PASELA
Ty	rped 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)