L23000301529

(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



500406267105

2023 APr. 12 Fr. 12: 08

COVER LETTER

TO: New Filing Division o	g Section f Corporations			
SUBJECT: M&J				
		Resulting Florida I	imited (
The smaller 1 A v		reporting Frontia 1	imited (ompany)
		212		and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concern	ing this matter t	0;	, -
Maudeen Myers	_			
	(Contact Person)		_	
M&J Island Grub INC				
	(Firm/Company)			
4237 3rd Ave North				
TO LE	(Address)			
St. Petersburg Florida	33713			
	(City, State and Zip Code)			
maudeenmyers@yah				
	pe used for future annual re	Port notification	_	
	on concerning this ma			
Maudeen Myers				
(Name of Conta	et Person)	_at (727	_) <u>5655</u>	
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the		process	etime Telephone Number) 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 and Certified Co	; Fees py	#\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fl	ction prorations		New Fi Divisio	Address: iling Section on of Corporations entre of Tallahassee

2415 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.

Statutes.	Florida
1. The name of the "Other Business E M&J ISLAND GRUB INC.	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 C	Corporation
State of the Committee	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated	d under the laws of Florida P2 CCC722 (Enter state, or if a non-U.S. entity, the name of the country)
on 08/11/2021	the country)
(date of organization, formation or incorpo	oration)
	ability Company as set forth in the attached Articles of Organization:
(Enter Name of F	Iorida Limited Liability Company)
4. If not effective on the date of filing, (The effective date: Cannot be prior t the date this document is filed by the	enter the effective date: to date of receipt or filed date nor more than 90 calendar days after Florida Department of State.)
5. The plan of conversion has been appre	oved in accordance with all applicable statutes.
6. The "Converted or Other Business Enti-	ty" has agreed to pay any members having appraisal rights the amount to ss. 605,1006 and 605,1061-605,1072, F.S.
	2023 APK 12 Fa 12 Fa 12 Fa 12

Signature of Authorized Representative of L Signature of Authorized Representative: Printed Name: Maudeen Myers	imited Liability Company:
Signature of Authorized Representative:	MUS
Printed Name: Maudeen Myers	Title: Owner
Signature(s) on behalf of Other Business Entity	u (Saak-l. S
M Manual Times	2. [See below for required signature(s)]
Signature: M. Myers Printed Name: Maudeen Myers	
Timed Paine:	Title: Chairman
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Tist
	11110:
Signature: Printed Name:	
Signature:Printed Name:	Title:
Signature:	
D 137	
rrinted Name:	Title:
If Florida Corporation.	
f Florida Corporation: Signature of Chairman, Vice Chairman, Disputers	. Oct
f Florida Corporation: Signature of Chairman, Vice Chairman, Disputer	. Oct
f Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infection of Florida General Partnership or Limited Links	Officer. neorporator must sign.
Signature: Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infection of Chairman Partnership or Limited Liabil Signature of one General Partner.	Officer. neorporator must sign.
f Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infection of Florida General Partnership or Limited Liabil ignature of one General Partner.	Officer. ncorporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infection of Florida General Partnership or Limited Liabil Signature of one General Partner. If Florida Limited Partnership or Limited Liabil	Officer. ncorporator must sign. ity Partnership:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infectors or Officers have not been selected, an Infectors or Officers have not been selected, an Infector of General Partnership or Limited Liability ignature of one General Partnership or Limited Liability ignatures of ALL General Partners.	Officer. ncorporator must sign. ity Partnership:
f Florida Corporation: Signature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infectors of General Partners of Limited Liability ignatures of ALL General Partners. Il others:	Officer. ncorporator must sign. ity Partnership:
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f Florida Corporation: Eignature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infection of Florida General Partnership or Limited Liabil ignature of one General Partner. Florida Limited Partnership or Limited Liabili ignatures of ALL General Partners. Il others: gnature of an authorized person.	Officer. ncorporator must sign. ity Partnership:
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f Florida Corporation: Gignature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an Infectors or Officers have not been selected, an Infectors or Officers have not been selected, an Infectors of General Partnership or Limited Liability ignature of one General Partners. Florida Limited Partnership or Limited Liability ignatures of ALL General Partners. Il others: gnature of an authorized person.	Officer. ncorporator must sign. ity Partnership: ity Limited Partnership:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

M&J Island Grub LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4237 3rd Ave N, St Petersburg Fl 33713	Elorida 33713
ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve as its own Registations.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Maudeen Myers	
Nam	e
4237 3rd Ave North	
Florida street address (P.O	. Box NOT acceptable)
St. Petersburg	FL ³³⁷¹³
City	Zip
registered agent and agree to act in this capace statutes relating to the proper and complete to	o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and distered agent as provided for in Chapter 605, F.S
Registered Agent's Sign	ature (REQUIRED) ATK SS ATK ATK
(CONTINU	JED)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Maudeen Myers 4237 3rd Avenue North St. Petersburg, F
(Use attachment if necessary)	
,	
REQUIRED SIGNATURE:	Lr S
Signature of a member or a This document is executed in accordance of any false information submitted in a document 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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