L23000309682

(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



600411200016

MILAHARREE PLORIDA

JUN 28 期 原号。

7. Pr 2: I

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

U.S. Percer & Printing + Thomasure: GA &/DC

JM FOOD DES	SIGN LLC	·	<u>-</u> -
Please Debit FC	CA000000003 For	: 150	
Thank you Seth	Neelev		
1-4-			
	 -	·····	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
S			Fictitious Search
Signature	2/		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SE	771		UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC I! Retrieval
Walk-In	Will Pick	: Up	Courier

COVER LETTER

TO:	New Filing S Division of C				
SUR	JECT: _	IM FOOD DESIGN	N LLC		
БОБ	<u> </u>		sulting Florida Limi	led Con	npany)
		-	_		d 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:		
HILL	EL SCHECHTER	, ESQ.			
-		(Contact Person)		-	
TASH	HLIK GOLDWYN	LEVY LLP			
		(Firm/Company)		-	
40 CI	UTTERMILL ROA	AD, SUITE 200			
	-	(Address)		-	
GRE	AT NECK, NY 11	021			
	(1	City, State and Zip Code)		-	
hsche	echter@tgllegal.c	om			
E-	mail Address: (to b	e used for future annual re	port notifications)	-	
For fi	urther informati	on concerning this ma	tter, please call:		
Hillel	Schechter		at (⁵¹⁶	, 466-k	3005
	(Name of Conta	act Person)		(Day	time Telephone Number)
		for the following amount a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees for Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection orporations 17		New I Divisi The C	Address: Filing Section on of Corporations Fentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: JM FOOD DESIGN INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(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)
FEBRUARY 10, 2023 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JM FOOD DESIGN 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 day of	20 23
Signature of Authorized Representative	
Signature of Authorized Representative Printed Name: Jeremy Goldfeder	Jurumy Goldfider
Signature(s) on hehalf of Other Business	Entity: [See below for required signature(s)]
Signature: Goldfelder Printed Name: Jeremy Goldfeder	Title: President
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir If Directors or Officers have not been select If Florida General Partnership or Limite Signature of one General Partner.	ted, an Incorporator must sign.
If Florida Limited Partnership or Limite Signatures of <u>ALL</u> General Partners.	d Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organi Certified Copy: Certificate of Status:	\$25.00 ization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JM FOOD DESIGN L		_
(Must	t contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		e principal office of the Limited Liability Company is:
Principal Office Ac	idress:	Mailing Address:
113 Cedarhurst Aven	ue	
Cedarhurst, NY 1151	6	
business entity with an ac The name and the Fl		
-		
	Na	ame
-	1200 South Pine Island Ro	
-	1200 South Pine Island Ro	pad
-	1200 South Pine Island Ro Florida street address (F	P.O. Box <u>NOT</u> acceptable)
Having been name liability compa registered agent at statutes relating	1200 South Pine Island Ro Florida street address (F Plantation City ed as registered agent and any at the place designated and agree to act in this cap to the proper and comple	P.O. Box <u>NOT</u> acceptable) FL 33324

(CONTINUED)

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	
AMBR	Jeremy Goldfeder
	113 Cedarhurst Avenue
	Cedarhurst, NY 11516
AMBR	Michael Schick
	113 Cedarhurst Avenue
	Cedarhurst, NY 11516
	
(Use attachment if necessary) CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Jermy Goldfeder - 05-180755-7C3E4E3	
This document is executed in accordance	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 felor
Jeremy Goldfeder, Member	
	and or printed name of signes

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)