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Special Instructions to	Filing Officer:	
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Office Use Only



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May 22, 2023

CHRISTINA BRENNEN TAYLOR 1824 NW 24TH TERRACE FL LAUDERDALE, FL 33311 US

SUBJECT: PROPHET'S TOUCH RIBS LLC

Ref. Number: W23000073234

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

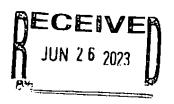
Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Pricipal address cannot be an individuals name.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 923A00011631



COVER LETTER

TO:	New Filing S Division of C				
SEIRJ	FCT: Prophet	s Touch Ribs LLC			
3000			sulting Florida Lim	ited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleaso	e return all corr	espondence concernin	g this matter to:		
Christi	na Brennen Tay	rlor			
	_	(Contact Person)		_	
		(Firm/Company)		-	
185	4 N W Z4	Terrace (Address)		_	
		(Address)			
∓ ↓.	Laudendo	City, State and Zip Code)	()		
	(+	City, State and Zip Code)	•	_	
Imhard	den@masseyhai	rdenassoc.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call:		
Leslie	M Harden		_at (857-8	3847
-	(Name of Conta	ect Person)	(Area Code) (Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	S155.00 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	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee
	Tallahassee, I	⁻ L <i>3</i> 2314		2415	N. Monroe Street, Suite 810

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 <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 Artic Prophet's Touch Ribs Corp	les of Co _·	nversio	on is:	
(Enter Name of Other Business Entity)	_			
2. The "Other Business Entity" is a				
2. The "Other Business Entity—is a	on law or b	ousiness	trust, etc.)	
First organized, formed or incorporated under the laws of				
(Enter state, or if a non-U.S. entity, the	e name of	the coun	try)	
on 2/5/2018 (date of organization, formation or incorporation)				
Prophet's Touch Ribs LLC		::-	5 -	
(Enter Name of Florida Limited Liability Company)	٠-	တ္		
4/30/2023 4. If not effective on the date of filing, enter the effective date:		31		
(The effective date: Cannot be prior to date of receipt or filed date nor more than 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 dadocument'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 <u>30</u>	day of April		20	.				
Signati	ure of Authori	zed Representative o	of Limited	d Liability (Company:				
Signatu Printed	ire of Authorize Name: <u>Chr</u> S	ed Representative:	aylor	Title: Rog 1	stered t	sylon tgent/r	ηq	nager	_
Signatu	ıre(s) on beh <u>al</u>	f of Other Business Er	ntity: Se	e below for	required sign	nature(s)]			
Signatu	tand):on	rei Brennen	taylo	7					
Printed	Name: Christina	Brennen Taylor	 -	Title: VP					
Signatu	re:	ony Taylor					1		
Printed	Name: Manual	part Lordor		Title: \\\	istered	Hoer	$\overline{}$		
Signatu	re:								
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If <u>Flori</u>	ida Corporatio	<u>n:</u>							
Signatu	re of Chairman	Vice Chairman, Direc			,		• ,	8: 3	-
II Direc	tors or Officers	have not been selected	i, an Incoi	porator mus	t sign.			~	
		rtnership or Limited	Liability	<u>Partnership</u>	<u>):</u>				
Signatu	re of one Gener	ral Partner.							
		rtnership or Limited l	<u>Liability</u>	Limited Par	rtnership:				
Signatu	ires of <u>ALL</u> Gei	neral Partners.							
All oth Signatu	<mark>ers:</mark> ire of an authori	zed person.							
Fees:									
	Articles of Cor Fees for Florid Certified Copy	la Articles of Organiza	ation: 5	\$25.00 \$125.00 \$30.00 (Opti	ional)				
	Certificate of S			\$5.00 (Òptio					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Prophet's Touch Ribs LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1824 NW 24 Tenace Ft. Laudorble 1824 NW 24 Merrare Ft. Laudorble	1824 NW 24th Terrace, Ft. Lauderdale, I 1824 NW 24th Terrace, Ft. Lauderdale
Florida, 33311	Florida, 33311

Christina Brennen Taylor	
Na	ime
1824 NW 24th Terrace	
Florida street address (F	P.O. Box NOT acceptable)
Ft. Lauderdale	FL 33311
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..

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:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Christina Brennen Taylor	
	1824 NW 24th Terrace	
	Ft. Lauderdale, FL 33311	_
MGR	Anthony Taylor	
Work	1824 NW 24th Terrace	—
	Ft. Lauderdale, FL 33311	—
		_
		<u> </u>
		_
		; <u> </u>
		<u>~</u>
(Use attachment if necessary)	•	<u>ယ</u> —
CLE V: Other provisions, if any.		
		
REQUIRED SIGNATURE:		
// ۲/		

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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)