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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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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 CHEF G ENTERPRISES CORP | cles of C | Conversion is: |
|---|-------------|------------------|
| (Enter Name of Other Business Entity) | | |
| 2. The "Other Business Entity" is a | | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, comm | | |
| First organized, formed or incorporated under the laws of | | |
| (Enter state, or if a non-U.S. entity, the | he name o | f the country) |
| 03/09/2023 | | |
| on (date of organization, formation or incorporation) | | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Ar | ticles of | Organization: |
| CHEF G ENTERPRISES 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 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 dedocument'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 apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | iisal righ | ts the amount to |
| | <u> </u> | 2024 |
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| Signed this 02 day of JULY | 20_24 |
|---|---------------------------------------|
| Signature of Authorized Representative of Limit | ited Ligbility Company: |
| | |
| Signature of Authorized Representative:Printed Name: GENNARO DE LISO | A A A |
| Printed Name: GENNARO DE LISO | Title: PRESIDENT |
| | |
| Signature(s) on behalf of Other Business Entity: | · · · · · · · · · · · · · · · · · · · |
| Signature: GENNARO DE LISO | |
| Printed Name: GENNARO DE USO | Title: PRESIDENT |
| Trinica (valie, 55 | True, |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | ran: 1 |
| Printed Name: | Title: |
| Signatura | |
| Signature:Printed Name: | Title |
| Timed Name. | |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| Signature of one General Farther, | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: |
| Signatures of ALL General Partners. | cy Limited Partite Sing. |
| | |
| All others: | |
| Signature of an authorized person. | |
| | |
| Fees: | |
| | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|---|--|
| CHEF G ENTERPRISES LLC | | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited | l Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 711 OAKS CIR, NEW SMYRNA BEACH FL 32169 | pal office of the Limited Liability Company is: Application Part Part | |
| | FL 32169 | |
| (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. | ed Agent, You must designate an ir | ndividual or another |
| GENNARO DE LISO Name | | |
| Name | | |
| 711 OAKS CIR, NEW SMYRNA | | |
| Florida street address (P.O.) | Box <u>NOT</u> acceptable) | |
| NEW SMYRNA BEACH | FL 32169 | |
| City | Zip | |
| liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe | his certificate, I hereby acco w. I further agree to comply rformance of my duties, and | ept the appointment as with the provisions of all I am familiar with and |
| - 3.0 h. /. | (DECUUDED) | |
| Registered Agent's Signa | ture (KEQUIRED) | ~ |
| | | - (|
| (CONTINU | ED) | · |

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 AND AMBR | GENNARO DE LISO | | |
| THE PARTY OF THE PARTY | 711 RIVER OAK CIR | | |
| | NEW SMYRNA BEACH, FL 32169 | | |
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| (Use attachment if necessary) | | 21 | |
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| CLE V: Other provisions, if any. | | | |
| ELE V. Other provisions, it any. | | • | |
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| REQUIRED SIGNATURE: | 1 // | • | |
| C | h. K | | |
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| • | } | | |
| | | | |
| Signature of a member or a | an authorized representative of a m | ember | |
| This document is executed in accordance | with section 605.0203 (1) (b), Florida Statute | s. I am awa | re t |
| This document is executed in accordance | an authorized representative of a m with section 605.0203 (1) (b), Florida Statute nent to the Department of State constitutes a t | s. I am awa | re t : fel |

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)