# P/400086760

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	, ,, ,, ,,
* e*	Office Use On	İv



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## **COVER LETTER**

TO: **Charter Section** 

**Division of Corporations** 

## **SUBJECT:** House of Leonard Restaurants Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

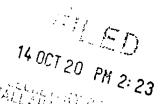
Please return all correspondence concerning this matter to:

Jon R Leona	ard		
	Contact Person		
House of Le	eonard Restau	urants Inc.	
	Firm/Company		
288 Delon C	ourt		
	Address		
Auburndale,	FI 33823		
C	ity, State and Zip Code		
jleonard82@	tampabay.rr.	com	
E-mail address: (to	be used for future annual r	eport notification)	
For further information	on concerning this ma	tter, please call:	
Jon R Leona	ard	at (863 ) 73	38-0596
Name of Con	tact Person	Area Code and Day	time Telephone Number
Enclosed is a check f	or the following amou	int:	
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	12.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING	ADDRESS:

**New Filings Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

**New Filings Section Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

## **Certificate of Conversion**



This Certificate of Conversion and attached Articles of Incorporation are submitted to FLORID.

This Certificate of Conversion and attached Articles of Incorporation are submitted to FLORID.

accordance with s. 607.1115, Florida Statutes. accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:					
House of Leonard Restaurants LLC 198  Enter Name of Other Business Entity					
Enter Name of Other Business Entity					
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)					
					first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)					
on August 04, 2014					
Enter date "Other Business Entity" was first organized, formed or incorporated					
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:					
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>					
House of Leonard Restaurants Inc.					
Enter Name of Florida Profit Corporation					
5. If not effective on the date of filing, enter the effective date:					
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)					

•	_			
Signed this 16 day of October	, 20_14			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director been selected, an Incorporator:  Printed Name: Jon R LEONARD Title:	President			
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required			
Signature: On R. Leonard	Title: MGR			
<b> </b>	<u> </u>			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature:Printed Name:				
Signature:Printed Name:	Title:			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative				
All others: Signature of an authorized person.				
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: House of Leo ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	MLI AIIASSEE
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
288 Delon Court	
Auburndale, Fl 33823	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Restaurant operations	
ARTICLE IV SHARES 100	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
ARTICLE V INITIAL OFFICERS AND/OR DIR	
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Jon R Leonard, President	EECTORS
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Jon R Leonard, President	Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title: Jon R Leonard, President Address: 288 Delon Court Auburndale, Fl 33823	Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:  288 Delon Court	Name and Title:  Name and Title:  Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:  Address:  Auburndale, FI 33823  Name and Title:	Name and Title:  Address:  Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:  Address:  Auburndale, FI 33823  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:  Address:  Auburndale, Fl 33823  Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT accellance)	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/OR DIR Name and Title:  Address:  Auburndale, Fl 33823  Name and Title:  Address:  Name and Title:  Address:  Registered agent	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:

THE HAIRE A	nd address of the incorporator is:	
Name:	Jon R Leonard	
Address:	288 Delon Court	
	Auburndale, Fl 33823	
*******	***************************************	*****
	n named as registered agent to accept service of procint this certificate, I am familiar with and accept the appo	
V	m R. Leonard	10/16/14
$\overline{}$	Required Signature/Registered Agent	Date
	is document and affirm that the facts stated herein a	
submitted in	a document to the Department of State constitutes a thi	rd degree felony as provided for in s.817.155, F.S.
	on R. I assard	10/16/14
1	Required Signature/Incorporator	Date
//		

ARTICLE VII INCORPORATOR