

P1800008170S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

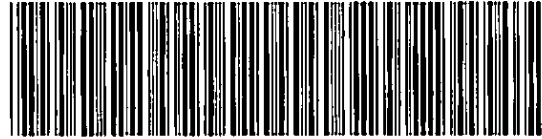
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/20/18--01008--006 **113.75

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18 SEP 28 PM 12:26

STANDARD FILING
TALLAHASSEE, FL 32309

OCT 01 2018

F SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TRUE GRIT AMERICAN BISTRO

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:

RYAN A MANTHEY

Contact Person

TRUE GRIT AMERICAN BISTRO, INC

Firm/Company

6543 CHICAGO AVE

Address

PENSACOLA, FLORIDA 32526

City, State and Zip Code

truegrit850@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN MANTHEY

850

396-3200

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in 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:

TRUE GRIT FRANCHISES, LLC

417-76258

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC

(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 04/05/2017

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 **attached Articles of Incorporation**:

TRUE GRIT AMERICAN BISTRO, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: SEPT 1, 2018

(The effective date: Cannot be prior to nor more than 90 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.

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STATE DEPT OF
TALLAHASSEE FLORIDA

Signed this 17 day of SEPTEMBER, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an
Incorporator: RYAN MANTHEY
Printed Name: RYAN MANTHEY Title: VP

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: RYAN A MANTHEY Title: Vice President

Signature: [Signature]
Printed Name: JESSICA N VAUGHN Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME TRUE GRIT AMERICAN BISTRO, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5675 PINE FOREST RD. SUITE 12

6543 CHICAGO AVE.

PENSACOLA, FLORIDA 32526

PENSACOLA, FLORIDA 32526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STRUCTURE OF BUSINESS DECISIONS/ IRS FILING

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RYAN A MANTHEY - VP

Name and Title: _____

Address: 6543 CHICAGO AVE

Address: _____

PENSACOLA, FL. 32526

Name and Title: JESSICA N VAUGHN - P

Name and Title: _____

Address: 6543 CHICAGO AVE

Address: _____

PENSACOLA, FL. 32526

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

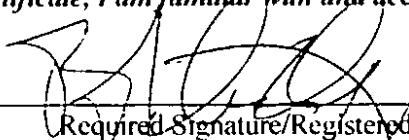
Name: RYAN MANTHEY
Address: 6543 CHICAGO AVE
PENSACOLA, FL 32526

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RYAN MANTHEY
Address: 6543 CHICAGO AVE
PENSACOLA, FL 32526

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

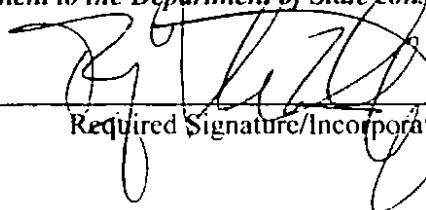


Required Signature/Registered Agent

9/17/18

Date

submit this document and affirm that the facts stated herein are true. 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.



Required Signature/Incorporator

9/17/18

Date

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STATE OF FLORIDA
TALLAHASSEE