

P210000002007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

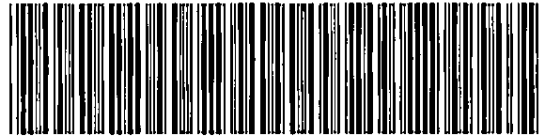
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EXP 1/2 2021

T. SCOTT



900357165979

12/12/19--01005--006 **105.00

FILED
2020 DEC 23 PM 1:30
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2020

PASQUALE LAMARRA
7349 MARSH TER
PORT ST LUCIE, FL 34986

SUBJECT: L FIVE FAMILY INC
Ref. Number: W20000035126

Need copy of cash check front and back.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 320A00011990

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: L FIVE FAMILY 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:

PASQUALE LAMARRA

Contact Person

L FIVE FAMILY, INC.

Firm/Company

7349 MARSH TER

Address

PORT ST LUCIE, FL 34986

City, State and Zip Code

joanma@catpastaio.com

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

For further information concerning this matter, please call:

PASQUALE LAMARRA

at (561) 676-1186

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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:

L FIVE FAMILY LLC

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 16, 2019

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

L FIVE FAMILY INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(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.

FILED
2020 DEC 28 PM 1:30
STATE
FLORIDA

Signed this 12 day of December, 2020.

Required Signature for Florida Profit Corporation:

Signature of ~~Chairman~~ Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: PASQUALE LAMARRA Title: PRESIDENT

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

Signature: _____

Printed Name: PASQUALE LAMARRA Title: MGR

Signature: _____

Printed Name: _____ Title: _____

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)

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: L FIVE FAMILY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

7349 MARSH TER

PORT ST LUCIE, FL 34986

Mailing address, if different is:

7349 MARSH TER

PORT ST LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PASQUALE LAMARRA, PRESIDENT

Name and Title: _____

Address: 7349 MARSH TER

Address: _____

PORT ST LUCIE, FL 34986

Name and Title: JOANNA LAMARRA, VICE PRESIDENT

Name and Title: _____

Address: 7349 MARSH TER

Address: _____

PORT ST LUCIE, FL 34986

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2020 DEC 28 PM 1:30
STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

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

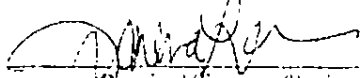
Name: JOANNA LAMARRA
Address: 7349 MARSH TER
PORT ST LUCIE, FL 34986

ARTICLE VII INCORPORATOR

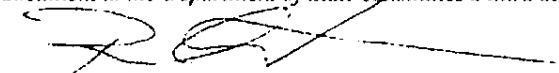
The name and address of the Incorporator is:

Name: PASQUALE LAMARRA
Address: 7349 MARSH TER
PORT ST LUCIE, FL 34986

.....
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 *Joanna*

I 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