(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nai	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
W 32000	0752	155/69 ,V2\$

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2022

CHEYENNE MOSELEY 101 N BRAND BLVD 10TH FL GLENDALE, CA 91203

SUBJECT: MANGIA 850 INC. Ref. Number: W22000075215

We have received your document for MANGIA 850 INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for MANGIA 850 INC. _____. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$113.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Letter Number: 822A00012716

Karen Lovelace Regulatory Specialist II

7972 TJ 15712: 1

COVER LETTER

TO: New Filing Section of Con						
SUBJECT: MANG	•			•		
SUBJECT:		Resulting Flori	da Profit	Corporation		
The enclosed Articles of entity into a "Florida Pro				s are submitted to convert t 933 & 607.0202, F.S.	he followin	g eligible
Please return all correspo	ondence concerning th	is matter to:				
Cheyenne Mos	seley					
	Contact Person					
Legalzoom.cor	m, Inc.					
	Firm/Company					
101 N Brand B	lvd 10th Fl					
	Address					
Glendale, CA 9	91203					
C	City, State and Zip Code	 e	_			
kcouncil65@gr	mail.com					
E-mail address: (to	be used for future annu	ual report notific	ation)			
For further information co			770			
Cheyenne Mos		_at (800		3-0888		
Name of Con	tact Person	Area (Jode and	Daytime Telephone Numb	Эег	
Enclosed is a check for th	ne following amount:					
	□\$113.75 Filing Fees and Certificate of Status	国\$113.75 Fili and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addres New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations		New F Division The Ce 2415 N	Address: iling Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 8 assee, FL 32303	10	7822 (* . 15

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
MANGIA 850, LLC
Enter Name of the Converting Entity
2. The converting 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 new II.S. entiry, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 01/24/2017
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> MANGIA 850 INC.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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.
· .~

Signed this 29 711 day of APRIL	. 20 72	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office Printed Name: Kimberly Council Title: Pres	rs have not been selected, an Incorporator	:
Printed Name: Kimberly Council Title: Pres	ident	
Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).] Signature:		
Printed Name: Lori Anne Collins	_ _{Title:} Manager	-
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 Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	26
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		2622 . 11.77
All others: Signature of an authorized person.		
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	A.1 2: 3

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of th	NAME e corporation shall be: MANGIA 850	INC.			
ARTICLE II					
	Principal street address		Mailing address, if different is:		
379 High	iway 98				
Eastpoin	t, FL 32328				
ARTICLE III The purpose for Restaura	or which the corporation is organized is:				
			2022		
ARTICLE IV The number of	SHARES shares of stock is:		5 <u>2</u>		
ARTICLE V					
Name and Title	Kimberly Council, President	Name and Title	Lori Collins, Secretary		
Address:	625 W Bayshore Dr	Address:	379 Highway 98		
	Eastpoint, FL 32328		Eastpoint, FL 32328		
Name and Title	Kimberly Council, Treasurer	Address.	Kimberly Council, Director		
Address:	625 W Bayshore Dr		625 W Bayshore Dr		
Address.	Eastpoint, FL 32328		Eastpoint, FL 32328		
Name and Title	:	Name and Title	:		
Address:		Address:			

ARTICLE VI	REGISTERED A	<u>AGENT</u>			
The name and F	<u>lorida street addres</u>	<u>ss</u> (P.O. Box NO T	Facceptable) of	the registered	agent is:

Name: Kimberly Council

Address: 625 W Bayshore Dr

Eastpoint, FL 32328

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

Paguired Dignature/Pagistared Agant

Kimberly Council

Date