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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	= > #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

FILED

D. O'KEEFE MAR 16 2022



March 3, 2022

DANIEL MATIUSHENOK DM GC PR, INC. 14435 APACHE AVE. LARGO, FL 33774

SUBJECT: DM GC PRO, INC. Ref. Number: W22000027230

We have received your document for DM GC PRO, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 322A00005232

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COVER LETTER

Division of Co							
SUBJECT:	DM Gr C A	Dro Inc					
	Name of	Resulting Florid	la Profit Corporation				
	of Conversion, Articles of Corporation" in acc				ollowing	cligible	
Please return all corres	pondence concerning th	is matter to:					
Daniel	Contact Person	k	_				
	Contact Person	٠					
DM GC	Dno Inc. Firm/Company		_				
	Firm/Company						
14435 Ap	cahe que		_				
7	Address				SE(2022	
Largo FL	33774 City. State and Zip Coo		_		SECRETARY OF STALE ALLAHASSEE, FLORID	2022 FEB 14 AM 8: 08	
	011), Danie and 111, 411	-			RY (F	Ī
E-mail address: (@ gmail.co	227) mual report notific	ation)		OF SI	AM 8	(
For further information	concerning this matter,	please call:			AIC RIOA	: 08	
Daniel Mane of Co	ontact Person	_at (<u>847</u> Area () 322-951 Code and Daytime Tele	gphone Number			
Enclosed is a check for	the following amount:						
□ \$105.00 Filing Fees	US113.75 Filing Fees and Certificate of Status	□\$113.75 Fill and Certified (ng Fees □\$122,50 F Copy Certified Co Certificate o	py, and			
Mailing Addr New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: New Filing Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations thassee reet, Suite 810			

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:
DM GC Pro Ine Enter Name of the Converting Entity
2. The converting entity is a <u>Corporation</u> (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 <u>Illinois</u> (Enter state, or if a non-U.S. entity, the name of the country)
on
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
DM GC Pro Tac
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

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Signed this 11 day of Februar	74 20 22	
Required Signature for Florida Profit Corporation	-	
Signature of Director, Officer, or, if Directors or Offi		ator:
Printed Name: Dowiel Matinshandaitle: Printed Name: Dowiel Matinshandaitle: Printed Name: Printed Na		
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	orida partnerships, limited partnershi	ps, and limited liability
Signature:		Χ
Printed Name: Daviel Motiuskinok	X Title: Resident	X
Signature:	·	•
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		<u> </u>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	— 5, 21
Signature:		2022 FEB SECRETA FALLAHA
Printed Name:	Title:	EB 14 ETAR: HASS:
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	FOF S
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	8: 08 1A1E JORIDA
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	:.	
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)	

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

ARTICLE I NAME	
The name of the corporation shall be:	(GC Pro Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 14435 Apache ave	Mailing address, if different is:
Principal street address 14435 Apache ave Largo FL 33774	
APTICI F III PIRPOGR	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
	in the state of Florida.
	7a. 20
	EB
ARTICLE IV SHARES The number of shares of stock is:	SEURLIARY OF STATE ALLAHASSEE, FLORIDARS ARS
ARTICLE V OFFICERS AND/OR DIRECTOR	10 B
Name and Title: Daniel Matiushenok V.	<u> </u>
Address: 14435 Anuelie ave	Address:
Address: 14435 Aproche ave Largo FL 33774	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
VIII	
Address:	Address:

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

Name: Daniel Maliushenok

Address: 14435 Apache ave

Largo Fl 33774

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

Date

Date

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