L12000004012

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Rusiness Entity Name)
chisiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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INTISION OF COST CHAILERS

RECEIVED

HEPPE 18 XX

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500				
ACCOUNT NO. : I2000000195				
REFERENCE : 657347 8044351				
AUTHORIZATION : Line Ble man				
COST LIMIT : 0\$ 25.00				
ORDER DATE : June 4, 2015				
ORDER TIME : 3:13 PM				
ORDER NO. : 657347-005				
CUSTOMER NO: 8044351				
DOMESTIC FILINGS				
NAME: DBFM, LLC				
, 				
XX ARTICLES OF DISSOLUTION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Lydia Cohen - EXT# 62974				

EXAMINER'S INITIALS:



June 5, 2015

CSC LYDIA COHEN

SUBJECT: DBFM, LLC Ref. Number: L12000004012 RESUBMIT

Please give original submission date as file date.

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

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 815A00011794



COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: DBFM.	LLC		
		a Limited Liability Compa	ny
		fee(s) are submitted to or Business Entity" in a	
Please return all cor	respondence concernii	ng this matter to:	
Dafney Phua			
	Contact Person	and the second s	
DBFM, LLC			
	Firm/Company		
PO Box 269,			
M. Lempago	Address		
Kittery, ME 03904	/3°. (1		
	City, State and Zip Code		
dafney.phua@gmail.co	m		
E-mail address: (to	be used for future annual	report notification)	
For further informat	tion concerning this ma	atter, please call:	
Dafney Phua		at (617) 543	3 5300
Name of Contact	Person		ytime Telephone Number
Enclosed is a check	for the following amo	unt:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
CR2E106 (07/14)			

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other
Business Entity" is:
DBFM, LLC L12-4018
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
DBFM, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a LLC (Enter entity type, Example: corporation, limited partnership, sole proprietorship.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
on 15 April 2015
(Date of organization, formation or incorporation)
and the formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on:
(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 2</u>) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
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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6.	If the "Converted or Other	Business Entity "	is an out-of-state	entity not registered to
1	ransact business in Florida	the "Converted of	r Other Business	Entity":

a.) Lists the following street and mailing address of an office the Florida
Department of State may send and process served on the department pursuant to
605.0117 and Chapter 48.

Street Address:		+ + + + + + + + + + + + + + + + + + +
Mailing Address:		
	er Business Entity" has agreed to pa ount to which such members are ent 2. F.S.	
Signed this 11th	day of JUAR	. 20 15
Signature:	Must be signed by a Member or Authorized	1 Representative
Printed Name: GERALD	LETENARE Title: Manag	<u>e. </u>
Fees: Filing Fee: Certified Copy: Certificate of Statu	\$25.00 \$30.00 (Optional) s: \$5.00 (Optional)	2.

Page 2 of 2