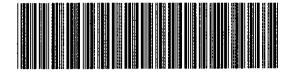
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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #) ·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 02/01/12



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D. BRUCE

JAN 1 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	Decument # M09000003560
SUBJECT: DENOVO-7, LLC	orida Limited Company)
The enclosed Certificate of Conversion, Articles of C "Other Business Entity" into a "Florida Limited Liab	
Please return all correspondence concerning this matt	er to:
DEBBIE SCHMIDT	
DENOVO -7, LLC	
§29 IFIELD ROAD	
(Address)	 ≥s
ST. AUGUSTINE, FL 32095	
(City, State and Zip Code)	Allass T
DSCHMIDT e DENOVO 7. CO	
E-mail address: (to be used for future annual report notifications	PH 2: 19 call:
For further information concerning this matter, please	call:
	09) 88/- 9181 >
(Name of Contact Person) (Are	a Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of and Certificate of Status	
STREET ADDRESS:	AILING ADDRESS:
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327	
0,111011 # 41114-1-1-8	allahassee, FL 32314
Tallahassee, FL 32301	•

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
DENOVO-7, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC M0950003560.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of NEVADA (Enter state, or if a non-U.S. entity, the name of the country)
on AUGUST 24, 2009 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(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:
CURRENTLY NEVADA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: FEBRUARY, 2017 (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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

EFFECTIVE DATE 02/01/12

currently organized, formed or incorporated.

Signed this 6TH day of JAWUAR	9			
	epresentative of Limited Liability Company stated in this document are true. Any false infi ided for in s.817/155. F.S.		o n	
~ ·	resentative: Title: CKO	_		
Signature(s) on behalf of Other Business this document are true. Any false inform s.817.155, F.S. See below for required signature:	Entity: Individual(s) signing affirm(s) that the action constitutes a third degree felony as provignature(s).]	e facts s ided fo	stated r in	l in
Printed Name: ANNOWY JOH	MIDT TITLE: CED / MGR	<u>-</u> -		
Signature:	Title:	_		
Printed Name:	Title:	_		
Signature:Printed Name:	Title:	-		
Signature: Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- 55 - 55	12,	
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected		HASSEE,	JAN -9 PH	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			D	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:	> '		
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

position as registered agent as provided for in Chapter 608, F.S..

DEWOVO - 7, LLC (Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
879 JFIELD ROAD SAME 57. AUGUSTINE, FL 32095
J. Avaomine, FP 12013
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
DEBSIE SCHMIOT PRINT R
Name 829 ITIELD ROAD 829 ITIELD ROAD
Florida street address (P.O. Box NOT acceptable)
St. Augustine, FL 32095
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGR	Annitory Schmidt
	829 Itield ROMO
	Sr. Ayaustine, Pl 32095
MGR	DEBBIE SCHMOT
	SF. AUGUSTIVE TEL 32095
	SF. AUGINTINE, TEL 32095
(Use attachment if neces	sary)
ARTICLE V: Effective date, (The effective date: 1) cannot the Florida Department of St	if other than the date of filing: FBRUACU 1, 2012 (OPTIONAL) be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached n effective date listed therein.)
REQUIRED SIGNATURE:	
Signature of a me	nber or an authorized representative of a member.
the penalties of perjury that the	8.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Av	Intony Schwidt
	Typed or printed name of signee

Page 2 of 2

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