# L12000042400

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Chyrolator Liph Hand II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILED

12 MAR 26 PH 1: 43

SECRETARY OF STATE

B. BOSTICK

MAR 2 7 2012

**EXAMINER** 

### **COVER L'ETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DPT Homes, LLC.	
(Name of Resulting Florida Limited Company)	<del></del> -
The enclosed Certificate of Conversion, Articles of Organization, and fees are "Other Business Entity" into a "Florida Limited Liability Company" in accord	
Please return all correspondence concerning this matter to:	
Dewitt Taylor	-
(Contact Person)	•
DPT Homes, LLC.	
(Firm/Company)	
910 NW 203rd St.	
(Address)	
Miami, FL 33169	T HAR
(City, State and Zip Code)	R 26
dtaylor71@yahoo.com	38 p
E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	PH 1: 43 OF STATE E. FLORID
Dewitt Taylor at (786) 237-58	
(Name of Contact Person) (Area Code and Daytime Telepho	ne 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 Status  \$180.00 Filing Fees and Certified Copy Certified Copy Certificate of Certifi	y, and
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	

#### **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 Certif Conversion is:  DPT Homes, Inc.	icate of	,	
(Enter Name of Other Business Entity)	-		
2. The "Other Business Entity" is a corporation			
(Enter entity type. Example: corporation, 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 01/25/2007			
(Enter date "Other Business Entity" was first organized, formed or incorp	orated	)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	SEURE I	laws 12 MAR 2	of
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	ike oi	6 PM	
DPT Homes, LLC.	LOF AIS	PM 1: 4,3	٧
(Enter Name of Florida Limited Liability Company)	PA A	ည်	•
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this of filed by the Florida Department of State; AND 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)			the
6. The conversion is permitted by the applicable law(s) governing the other business enti- conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			sion.

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

currently organized, formed or incorporated.

Signed this 09 day of March	20 <u>12</u>	
Individual signing affirms that the facts st constitutes a third degree felony as provid	oresentative of Limited Liability Company ated in this document are true. Any false in ed for in s.817.155, F.S.	formation
Signature of Member or Authorized Representation Name: Description Patricia	sentative: Patricia laylor  Title: Chairman	<u>\_</u>
Signature(s) on behalf of Other Business I this document are true. Any false informa s.817.155, F.S. [See below for required signature]	Entity: Individual(s) signing affirm(s) that the tion constitutes a third degree felony as pro- nature(s).]	he facts stated in wided for in
Signature:	Title: <u>Chairman</u>	
Printed Name: Patricia Taylor)	Little: Chairman	
Signature:	Title:	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	
Printed Name:	Title:	<del></del>
Signature:	m) i	<b>2</b>
Printed Name:	Title:	- 表L 20 ・
If Florida Corporation:		26 387 387
Signature of Chairman, Vice Chairman, Dire		mo 📆 🜃
If Directors or Officers have not been selecte	d, an Incorporator must sign.	PH 1:4
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	: 43 ATE DRIDA
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)	

\$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:			
DPT Homes, LLC. (Must end with the words "Limited Liability Compar	ny, 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 Liabi	lity Company is:	
Principal Office Address:	Mailing Address:		
910 NW 203rd St.	910 NW 203rd St.	461	
Miami, FL 33169	Miami, FL 33169		
	-		
Some rayion	Name	12 h SEC ALLL	
910 NW 203	Brd. St	AHA R	
	address (P.O. Box NOT acceptable)	26 SSEE	
<u>Miami</u>	FL 33169		
	City, State, and Zip	TATI ORII	
company at the place designated in this capacity. I further ag proper and complete performance of my position as registered agent as provided	Tull of	as registered agent and utes relating to the	
Reg	istered Agent's Signature (REQUIRED)		

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
Patricia Taylor MGR	910 NW 203rd St
	Miami, FL 33169
Dewitt Taylor MGRM	910 NW 203rd St
	Miami, FL 33169
1101;	
	FOR IDA
(Use attachment if necessary	)
ARTICLE V: Effective date, if other (The effective date: 1) cannot be partment of State; Certificate of Conversion, if an efection of State; REQUIRED SIGNATURE:	(OPTIONAL) prior to nor more than 90 days after the date this document is filed by AND 2) must be the same as the effective date listed in the attached
Signature of a member	or an authorized representative of a member.
(In accordance with section 608.40 the penalties of perjury that the factorization document to the Department of States	18(3), Florida Statutes, the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a atte constitutes a third degree felony as provided for in s.817.155, F.S.)  The least true of the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a attended to the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a attended to the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a attended to the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a attended to the execution of the execution o