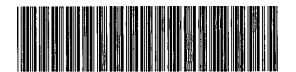
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(Red	questor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to f	Filing Officer:				

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S. GILBERT



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2016

DIANA SWIHART 3307 SUMMIT LANE LAKELAND, FL 33810

SUBJECT: DSSF, LLC DBA AMERICAN ACADEMY FOR PRECEPTOR

**ADVANCEMENT** 

Ref. Number: W16000002814

We have received your document for DSSF, LLC DBA AMERICAN ACADEMY FOR PRECEPTOR ADVANCEMENT and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 716A00000986

#### **COVER LETTER**

**Division of Corporations** SUBJECT: DSSF, LLC dba American Academy for Preceptor Advancement (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Diana Swihart (Contact Person) DSSF, LLC dba American Academy for Preceptor Advancement (Firm/Company) 3307 Summit Lane (Address) Lakeland, Florida 33810 (City, State and Zip Code) dvswihart@aol.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: Diana Swihart (Name of Contact Person) Enclosed is a check for the following amount: □ \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** 

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (06/15)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Registration Section

#### COVER LETTER

Division of Corporations	
SUBJECT: DSSF, LLC	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Diana Swihart	
Name of Person	
DSSF, LLC	
Firm/Company	
3307 Summit Lane, Ste 1A	
Address	
Lakeland, FL 33810	
City/State and Zip Code	<del></del>
dvswihart@aol.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Diana L Swihart	863 255-8000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

### **COVER LETTER**

TO:	Registration S Division of C						
SUBJ	IECT: DSSF, LI	LC					
		(Name	of Re	sulting Florida	Limite	d Company)	
				_		d fees are submitted to convert coordance with s. 605.1045, F.	
Please	e return all corr	espondence concernin	g this	s matter to:			
Diana	Swihart						
		(Contact Person)					
DSSF	, LLC			,			
		(Firm/Company)	•	<u> </u>			
3307 5	Summit Lane						
		(Address)					
Lakela	and, Florida 33810	)					
	(1	City, State and Zip Code)		······································			
dvswil	hart@aol.com						
E-1	nail Address: (to b	e used for future annual re	port r	otifications)			
For fu	ırther informati	on concerning this ma	tter,	please call:			
Diana	Swihart		at (	(863	255-8	3000	
	(Name of Conta	ict Person)		\	(Day	time Telephone Number)	
Enclo	sed is a check t	for the following amou	ınt:				
(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing F I Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES	S:				ADDRESS:	
_	tration Section	ions		Registra			
	ion of Corporat n Building	IOHS		P. O. Bo		Corporations 27	
	Executive Cent	er Circle				FL 32314	

Tallahassee, FL 32301

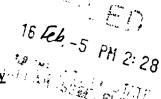
## **Articles of Conversion**

For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company



The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business DSSF, LLC	s Entity" immediately prior to the filing of the Articles of Conversion is:
	er Name of Other Business Entity)
2. The "Other Business Entity" is a	Limited Liability Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpora	ated under the laws of Colorado
	(Entangleta and Canana II Chandlet Alichana a Calichana)
on May 2, 2012  (date of organization, formation or incomparison)	orporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
DSSF, LLC	
(Enter Name	of Florida Limited Liability Company)
4. If not effective on the date of fili	ng, enter the effective date:
(The effective date: 1) cannot be   date this document is filed by the date listed in the attached Articles	prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) s not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been	approved in accordance with all applicable statutes

Page 1 of 2

Signed this 22nd day of December	_ 20_15					
Signature of Authorized Representative of Limited Liability Company:						
Signature of Authorized Representative: Alaca Printed Name: Diana Swihart	Title: CEO & Managing Partner					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]						
Signature: Desna Swikart						
Printed Name: Diana Swihart	Title: CEO & Managing Partner					
Signature:Printed Name:	Title					
Trinica Name.	_ Title					
Signature:Printed Name:						
Printed Name:	_ Title:					
Signature:						
Printed Name:	_ Title:					
Signature:						
Printed Name:	_ Title:					
O						
Signature:Printed Name:	Title					
Trinica Traino.						
If Florida Corporation:	o.m					
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.						
Brothers of Criticals have not been belocked, and me	orporator must orgin					
If Florida General Partnership or Limited Liabilit	y Partnership:					
Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.						
All others: Signature of an authorized person.						
Fees:						
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)					
Certificate of Status:	\$5.00 (Optional)					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2027.11.0		
DSSF, LLC (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	-
(Mass one Mass are noted and	saciny company, sierci, or sierci,	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability (	Company is:
Principal Office Address:	Mailing Address:	
3307 Summit Lane	3307 Summit Lane	-
Lakeland, FL 33810	Lakeland, FL 33810	-
ADDICUE III Decident A D		_
	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address <u>Diana Swihart</u> 3307 Summit Lane	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and of the registered agent are:	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Diana Swihart  3307 Summit Lane	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or and of the registered agent are:  Name	

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 position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. Th	RTICLE IV- e name and address of each person auth mpany:	horized to manage and control the Limited Liability
Tit "A	<u>te:</u> MBR" = Authorized Member	Name and Address:
	GR" = Manager	_, _, ,
<u>M</u> C	<u>GR</u>	Diana Swihart
		3307 Summit Lane
		Lakeland, FL 33810
<u></u>		
		- <u></u> -
		- I talk take to the same to t
<del></del>		
		· · · · · · · · · · · · · · · · · · ·
(If an effect to or 90 da Note: If the document's e	ctive date is listed, the date must be s ys after the date of filing.)	e of filing: February 22, 2016 (OPTIONAL)  pecific and cannot be more than five business days prio  pplicable statutory filing requirements, this date will not be listed as the ords.
RE	COUIRED SIGNATURE:	<u>J</u>
	This document is executed in accord	an authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes. submitted in a document to the Department of State rovided for in s.817.155, F.S.
	Diana Swihart	
		or printed name of signee
	1 yped C	
	040F00 PH . P 6 . 4 . 4	Filing Fees
	\$ 30.00 Certified Copy (Optional)	ganization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional)
	I	Page 2 of 2

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: DSSF, LLC			
2.	(a)	6565 S Syracuse Way	(b)	3307 S	ummit Lane
2.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		#2504		Ste 1A	
		Centennial, CO 80111	<del>-</del>	Lakelan	d, FL 33810
		December 19, 2015			
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Diana Swihart			
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State DSSF, LLC			- e:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_
		3307 Summit Lane, Ste 1A			
		Lakeland	33810		
				<del></del>	_
	(b)	Diana Swihart			_
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	lress:	
		DSSF, LLC			
		NEW Registered Office Address:	•		_
		3307 Summit Lane, Ste 1A	<del> </del>		_
		Lakeland	33810		
_		, FL_	<u>-</u>		_
the age wa	cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the regist bility contains the limi	tered offic mpany, it i ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
D	iana	Swihart Operally agrical by Farina Sturmari Dit combines Senders, it was enteredentemental proof come, could Date 2015 1 to 10 to 60 4 4 5 5 to 10 1 to 60 4 5 to 10 4	Diar	na Swiha	ırt
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi e obl merc tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act performa for in C ereby co	in this cap ince of my hapter 602 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	_	re of Registered Agent			