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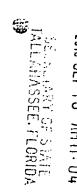
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCOVP, LCC dbq. Sun Academy
(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:

DUKE Cooper

2888 Windy Ridge Dr.

Springfield, of 45502

937-244-4049

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2016 SEP 16 AM II: 04

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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 Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Michigan
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DCOOP, CC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 12 day of August	
Signature of Authorized Representative of Limited	Lightlity Company: 2015 ccs
Signature of Authorized Representative: Printed Name: Sucion Cooper	Title: Preside TALL AHASSEE, FLORIDE
Signature(s) on behalf of Other Business Entity: [Se	e below for required signature(s)]
Signature: Bucton Q Capera	Title: 9/12/2016
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Of If Directors or Officers have not been selected, an Incorporation.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Sertified Copy:	325.00 3125.00 330.00 (Optional) 35.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
792 Stevens Points SE Byran Center, MJ 49315	2988 Winds Ridge Dr. Springfield, OH 45502
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Sociology 2425 38	Name Avc. West, ess (P.O. Box NOT acceptable)
liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co	nt and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:	2016 SEP 16 AM 11:
"AMBR" = Authorized Member "MGR" = Manager		MALLAHASSEE FISTATI
- Williagor		
NA CIR	Burn Come	
101010	2425 38m /	li West
AmBR	Bradentin, FL	34205
AMBR	Amie Cooper	
	2425 38 A	uc. West
	Bradenton, Fo	L Bueos
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(Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must be a continuous of filing.)		
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