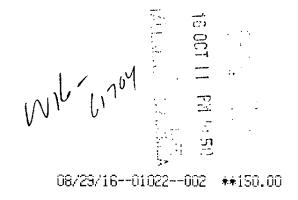
L16000188648

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



500289367275



T. BURCH OCT 1 2 2016

COVER LETTER

TO:	Registration S Division of C				
SUB	JECT: JOHN D	DUGAN, LLC			
		(Name	of Resulting Florida	Limited	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all corre	espondence concerning	g this matter to:		
JOH	N D DUGAN				
		(Contact Person)			
JOHI	N D DUGAN, LLC				
		(Firm/Company)			
3720	MAHOGANY BEI	ND DRIVE			
		(Address)			
NAP	LES, FLORIDA 34	114			
	((City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
	@duganservices.com				
E	-mail Address: (to b	e used for future annual re	port notifications)		
For f	urther informati	on concerning this ma	tter, please call:		
JOHI	N D DUGAN		_at (376-6	073
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
Encl	osed is a check f	or the following amou	int:		
(\$25 i & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing land Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:
	stration Section		Registra		
	sion of Corporat on Building	ions	Division P. O. Bo		orporations
	on Building Executive Cent	er Circle			z <i>r</i> FL 32314
	hassee, FL 323				

INHS11 (06/15)



September 8, 2016

JOHN D DUGAN 3720 MAHOGANY BEND DRIVE NAPELS, FL 34114

SUBJECT: JOHN D DUGAN, LLC Ref. Number: W16000061704

We have received your document for JOHN D DUGAN, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 916A00019048

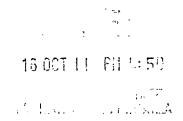
Articles of Conversion

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 Bound D. DUGAN, INC.	siness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entit	is a corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inc	orporated under the laws of Floroda
03/11/2016	(Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formatio	or incorporation)
3. The name of the Florida L JOHN D DUGAN, LLC	mited Liability Company as set forth in the attached Articles of Organization:
(Enter	Name of Florida Limited Liability Company)
(The effective date: 1) cann date this document is filed h	of filing, enter the effective date: 03/11/2016 of the prior to date of receipt or filed date nor more than 90 days after the y the Florida Department of State; AND 2) must be the same as the effective rticles of Organization, if an effective date is listed therein.)
<u>Note:</u> If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
5. The plan of conversion has	been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this	25th	day of August		20_16
Signature	of Authoriz	ed Representative	of Limite	ed Liability Company:
Signature of Printed Nar	of Authorize ne: JOHN D.	d Representative: _ DUGAN	Ju	The: Member
Signature(s) on behalf	of Other Business	Entity: [S	ee below for required signature(s)]
Signature: Printed Nar	me: JOHN D.	DUGAN		Title: Member
Signature: Printed Nar	 me:			Title:
Signature: Printed Nar	 me:			Title:
				Title:
Signature:				Title:
Signature: Printed Nar	 me:			Title:
Signature o		<u>:</u> Vice Chairman, Dir have not been select		
	General Par of one Genera	tnership or Limite d Partner.	d Liability	Partnership:
		tnership or Limite eral Partners.	d Liability	Limited Partnership:
All others: Signature o	i of an authoriz	ed person.		
Fees:				
Fee Cer	icles of Cones for Florida rtified Copy: rtificate of S	Articles of Organ	ization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JOHN D DUG			
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE I	I - Address		
		the principal office of the Limited	Liability Company is:
		p	Simonity Company is:
Principal Of	fice Address:	Mailing Address:	
	,		
	ANY BEND DRIVE	3720 MAHOGANY BEND DR	IVE
NAPLES, FLO	RIDA 34114	NAPLES, FLORIDA 34114	
	vith an active Florida registration.)	stered Office, & Registered Agent Registered Agent. You must designate an ind	
	vith an active Florida registration.) d the Florida street address of JOHN D. DUGAN	n Registered Agent. You must designate an ind	
	vith an active Florida registration.) d the Florida street address of JOHN D. DUGAN	Registered Agent. You must designate an ind f the registered agent are: Name	ividual or another
	vith an active Florida registration.) d the Florida street address of JOHN D. DUGAN 3720 MAHOGANY BEN	Registered Agent. You must designate an ind f the registered agent are: Name	ividual or another
	vith an active Florida registration.) d the Florida street address of JOHN D. DUGAN 3720 MAHOGANY BEN	Registered Agent. You must designate an ind f the registered agent are: Name D DRIVE	ividual or another
	yith an active Florida registration.) d the Florida street address of JOHN D. DUGAN 3720 MAHOGANY BENI Florida street address	Registered Agent. You must designate an ind f the registered agent are: Name D DRIVE (P.O. Box NOT acceptable)	ividual or another
The name and	yith an active Florida registration.) d the Florida street address of JOHN D. DUGAN 3720 MAHOGANY BENI Florida street address NAPLES City	Registered Agent. You must designate an ind f the registered agent are: Name D DRIVE (P.O. Box NOT acceptable) FL 34114	ividual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	·		
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager		
	AMBR	JOHN D. DUGAN	_
		3720 MAHOGANY BEND DRIVE	_
		NAPLES, FLORIDA 34114	
			- - - -
			-3
		; ···	भ
	· · · · · · · · · · · · · · · · · · ·	· · ·	_
			_
n e	effective date is listed, the date m	the date of filing: $\frac{03/11/2016}{}$. (OPTI ust be specific and cannot be more than five busing	– ONAL) iess day
n e • 9(1 If nen	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.)	ust be specific and cannot be more than five busing seet the applicable statutory filing requirements, this date will n	iess day
n e : 90 : If	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not mut's effective date on the Department of S	ust be specific and cannot be more than five busing seet the applicable statutory filing requirements, this date will n	iess day
n e • 9(1 If nen	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not must's effective date on the Department of S CLE VI: Other provisions, if any.	ust be specific and cannot be more than five busing seet the applicable statutory filing requirements, this date will n	iess day
n e • 9(1 If nen	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the department is executed a mean aware that any false in	ust be specific and cannot be more than five busing seet the applicable statutory filing requirements, this date will n	ness day
n e • 9(1 If nen	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not must's effective date on the Department of S CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in constitutes a third degree fee	neet the applicable statutory filing requirements, this date will neate's records. The or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	ness day
n e · 9(i If nen	CLE V: Effective date, if other than effective date is listed, the date m 0 days after the date of filing.) If the date inserted in this block does not must's effective date on the Department of S CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is executed I am aware that any false in constitutes a third degree fee	neet the applicable statutory filing requirements, this date will mate's records. There or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State	ness day