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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office Use Only

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COVER LETTER

TO:	Registration S Division of C					
SUBJ	JECT: DJMC HO	OLDINGS, LLC				
5050		(Name	of Resulting Florida	Limite	d Company)	
The e Busin	nclosed Articlesess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organizat ability Company	on, an	d fees are submitted to corccordance with s. 605.104	overt an "Other 5, F.S.
Please	e return all corre	espondence concerning	g this matter to:			
LARIS	SA HUMPHREY					
		(Contact Person)		-		
ABUN	NDANT RETURN	S TAX SERVICE				
		(Firm/Company)		-		
5909-1	D PEACHTREE D	UNWOODY RD SUITE	990		•	
		(Address)		-		
ATLA	NTA, GA 30328					
	(City, State and Zip Code)		_		
LARI	SA@ABUNDANI	TRETURNS.COM				
E-1	mail Address: (to b	e used for future annual re	port notifications)	_		
For fi	urther informati	on concerning this ma	tter, please call:			
LARI	SA HUMPHREY		_at (⁷⁷⁰	\ ⁴⁵¹⁻⁶	5330	
	(Name of Conta	act Person)	(Area Code) (Day	ytime Telephone Number)	
Enclo	osed is a check t	for the following amou	ınt:			
(\$25 for \$12	50.00 Filing Fees for Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:	MAIL	ING A	ADDRESS:	
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

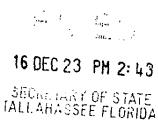
<u>Articles of Conversion</u>

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization 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: DJMC HOLDINGS INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
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
(Enter state, or if a non-U.S. entity, the name of the country)
on 12/9/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DJMC HOLDINGS LLC
(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; AND 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.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

		,		
	Signed this 13	day of DECEMBER	20 16	<u> </u>
	Signature of Author	rized Representative of	Limited Liability C	<u>ompany:</u>
\bigvee	Λ:	ized Representative:	Minul /	
Λ	Signature of Autoo	ized Representative:	Hile: INCORE	AND A TOO
	Printed Name: DAY	A CLARKE	THIE; INCORE	UKATOK
	Signature(s) on heb	alf of Other Business Ent	ity: See below for r	equired signature(s)
	<i>i</i>			- ,
Х	Signature:	IN S		
	Printed Name: DAY	A CLARKB	Title: INCORI	ORATOR
	Signature:			
	Printed Name:		Title:	
	FIRITED MARKE.		1100.	
	Signature:			
	Printed Name:		Tifle:	
	Ciamaineae			
	Deinted Manage		Tist	
	Printed Name:		1106;	
	Signature:			
	Printed Name:		Title:	
	٠.			
	Signature:			
	Printed Name:		Title:	
	If Florida Corpora	lion:		
		an, Vice Chairman, Directo	r. or Officer.	
		era have not been selected,		eign.
		Partnership or Limited Li	ability Partnership:	
	Signature of one Ge	neral Parmer.		
	If Florida Limited	 <u>Partnership or Limited Li</u>	 ability Limited Part	nership:
	Signatures of ALL			
	All others:			
	Signature of an auth	brized person.		
	Fees:			
	Articles of (onversion:	\$25.00	
		rida Articles of Organizati	l '	
	Certified Co		\$30.00 (Optio	nal)
	Certificate o		\$5.00 (Option	
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Page 2 of 2

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	ADTIC	EES OF ORGANIZATI	ON FOR ET ORIT	A LIMITED LIABILITY COMPANY
		E I - Name:		1
	The name	of the Limited Liability C	ompany is:	
	1			
		DIMC HOLDINGS LLC (Must end with the words '		Y"LLC "or "LLC")
	İ	•		1
		E II - Address:	ing of the principal o	ffice of the Limited Liability Company is:
	Y DA INSTITU	ig somese suo encet some	ss or the huncipar o	Live of the Emilien Elability Company is.
	<u>Principal</u>	Office Address:	<u>Mailir</u>	e Address:
	12805 SW	itth street	12805 S	W 47TH STREET
		OOD, PL 33027	HOLLY	WOOD, FL 33027
			<u> </u>	
	ARTICL	E III - Registered Agent.	Registered Office.	& Registered Agent's Signature:
	(The Limited	Liability Company cannot serve a ity with an active Florida registrati	its own Registered Agent.	You must designate an individual or snother
	- 1	-		7A5
	Orman oriT	and the Florida street add	ress of the regularer	agent are:
		D	ayna clarke	23
			Name	Fig. 70
	İ	12805 SW 471H S		F 5 1
	1	Florida street a	idress (P.O. Box <u>N</u> O	OT acceptable) FI ORDING FI ORDING FI ORDING
		HOLLYWOOD	FL:	33027
	ł	C	ity	Zip
	D-nin	hom named as undetend	accept and to accept	coming of average for the short stated limits
				service of process for the above stated limit ificate, I hereby accept the appointment us
				her agree to comply with the provisions of
				nce of my duties, and I am familiar with an gent as provided for in Chapter 605, F.S
		Mark	16	<u>-</u>
		Registered A	gent's Signature (R	EOUTRED)
		/ \ ` '		C -—,
			(CONTINUED)	
			(COMMITTEED)	
			Page 1 of 2	
	1			
	Ì			

	CLE IV-		1	
The na	me and address of each po	erson authorized to man	age and control the Limited Li	ability
Compa	ny:		}	
	R" = Authorized Member	Name and A	ddress:	
	" + Manager	D 43774 677 477	į.	
MGR		DAYNA CLAR		-
		12805 SW 47TI HOLLYWOOD		•
		NOLL I WOOD	FL 33027	-
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		<u></u>		<u>,</u>
. يونيد				
(Use at	tachment if necessary)			
ADTICT P 17.	Effective date, if other tha	n the data of filings	(OPTIC	TATAT \
			nnot be more than five busine	
	fter the date of filing.)	ause no speciale and ca	mot be more man the busin	ess days hitor
Note: If the date	inserted in this block does not i	nest the applicable statutory	y filing requirements, this date will m	ot be listed as the
document's effecti	ve date on the Department of !	State's records.		
A TOMBLECT TO \$77	ha		D U	- 6
ARTICLE VI:	Other provisions, if any.		<u>***</u>	DEO
	<u> </u>			- ည
			· nc	
REOU	RED SIGNATURE:		-n	28.
1		!	. 0; 0;	2: 1 :3
\	Jugar -		ORD B	₹ 5
	Signature of a me	mber or an authorized	l representative of a member	-
/	This document is executed	in accordance with section	605,0203 (1) (b), Florida Statutes.	
	am aware that any take u	uprostion submitted in a do blony as provided for in a.81	ocument to the Department of State	
			trades a libe	
		DAYNA CLARKE		
		Typed or printed name	_	
013	OO THE BOARS	Filing Pees		
912: € 1).00 Certified Copy (Op		d Designation of Registered A Certificate of Status (Option	
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