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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | ng ay disa na ana antaon Ng garang ng ganggang ng |
|---|---|
| SUBJECT: DES AILLE O | LITREACH LLC |
| (Name of Resu | Ilting Florida Limited Company) ; n i |
| | es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning | this matter to: |
| • • • • • • • | • |
| Meguydetine Lessouri | <u> 265</u> |
| Describe Outreach LLC | |
| (Firm/Company) | |
| 5215 Paladin Way | · · · · · · · · · · · · · · · · · · · |
| Arlanda Fl 3281A | |
| Orlando, FL 32810 (City, State and Zip Code) | |
| descrille outreach Dam | |
| E-mail Address: (to be used for future annual rep | ort notifications) |
| For further information concerning this matter | ter, please call: |
| Pierre Michael Dodaille | at (407) 953-3167, |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amoundollars and drawn on a bank located in the U | nt: (All checks processed by this office must be payable in US Jnited States) |
| □ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status | and Certified Copy \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | MAILING ADDRESS: |
| New Filing Section | New Filing Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center | P. O. Box 6327 Tallahassee, FL 32314 |
| Circle Tallahassee, FL | |

32301



April 25, 2017

MEGUYDELINE DESSOURTCES 5215 PALDIN WAY ORLANDO, FL 32810

SUBJECT: DES'AILLE MULTI SERVICES

Ref. Number: W17000035393

We have received your document for DES'AILLE MULTI SERVICES and check(s) totaling \$53.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$132.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms are enclosed.

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.

Letter Number: 817A00007974

Tim Burch Regulatory Specialist III

www.sunbiz.org

Articles of Conversion

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 Control of Contr | onversion is | s: |
|--|----------------------------|------------|
| (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a OYDOYATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | | OI AVH 44 |
| First organized, formed or incorporated under the laws of | the country) |) FM 1: 50 |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Designal Outreach LLC | Organizati | ion: |
| (Enter Name of Florida Limited Liability Company) | | |
| 4. If not effective on the date of filing, enter the effective date: 511117. (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calls. | | |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 cal after the date this document is filed by the Florida Department of State; AND 2) must be the effective date listed in the attached Articles of Organization, if an effective date is listed Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. | the same as d therein.) | S |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | | |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | s the amoun | it to |

| Signed this 1st day of May | 20_17 | |
|--|--|-----------|
| Signature of Authorized Representative of Limi | ited Liability Company: | |
| Signature of Authorized Representative: Meanure Printed Name: Meanure Description | delmi Dessent Chairman | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | |
| Signature: Michael Dabille | | al - Maal |
| Signature: Michael Dabelle Printed Name: Michael DANARICE | _ Title: Vice fice, ocat | Chairmon |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: Printed Name: | | |
| Printed Name: | Title: | |
| Signature:Printed Name: | | |
| Printed Name: | Title: | |
| Signature:Printed Name: | | |
| Printed Name: | Title: | |
| Signature: | <u> </u> | • |
| Printed Name: | Title: | |
| If Florida Corporation: | | , |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc | | |
| 11 Directors of Officers have not been selected, an in | corporator must sign. | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: | |
| All others: Signature of an authorized person. | | |
| Fees: | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the I | imited Liability Compa | any is: | | | | ** |
|--|---|---|--|---|-----------------------------------|--|
| <u>Des' a</u> | atlle Outrec | ach LL | C | | , | |
| . (IVI | tist contians the words chances | Diability Company | , I,L.C., OF DEC | .) | | |
| ARTICLE II - A The mailing addre | ddress: see address of | the principal (| office of the Li | mited Lial | bility C | ompany is: |
| Principal Office | Address: | <u>Maili</u> | ng Address: | | | • |
| 5215 Palad | in Way | | 15 Paladir | 1 Way | | · |
| Orlando, FL | 02010 | | CUICIOIT | 02010 | <u></u> | |
| (The Limited Liability C business entity with an | Registered Agent, Regions company cannot serve as its own active Florida registration.) Florida street address of | n Registered Agen | t. You must designa | te an individu | al or anot | her |
| | Meauydeline | Dessou | irces | • | | ٠. |
| | | Name | | _ | | |
| | 5215 Pal | adin W | ay . | | | . 1 |
| | Florida street addres | | OT acceptable |) | • • | , |
| | Orlando | FL | 32810 | ٠. | | |
| | City | <u> </u> | Zìp' | | 4.0 | • |
| liability comp registered agent statutes relatin | med as registered agent pany at the place design and agree to act in this g to the proper and com pligations of my position Registered Agent | ated in this cer capacity. I für iplete performa as registered ydlm | tificate, I hereb ther agree to co ince of my dutie agent as provid | y accëpt tl omply witl es, and I ai | he appor n the pro m famili | intment as ovisions of al iar with and |
| | | | | | | |

| The name and address of each person Company: | n authorized to manage and control the Limited Liability |
|--|---|
| Title: "AMBR" = Authorized Member "MGR" = Manager Presiden+ LP | Name and Address: Meanydeline Dessources 5218 Paladin Way Orlando FL 32810 |
| Vice President (VP) | Pierre Michael Ondaille 1815 Applewood Court Orlando, Fl. 32818 |
| | MAY 10 PH 1: |
| prior to or 90 calendar days after the date of | t be specific and cannot be more than five business days of filing.) the applicable statutory filing requirements, this date will not be listed as the |
| · · · · · · · · · · · · · · · · · · · | |
| This document is executed in act I am aware that any false inform constitutes a third degree felony Meguydelive Typ | ror an authorized representative of a member, coordance with section 605.0203 (1) (b), Florida Statutes, action submitted in a document to the Department of State as provided for in s.817.155, F.S. PLESOUYCES ped or printed name of signee Filing Fees f Organization and Designation of Registered Agent |
| \$ 30.00 Certified Copy (Options | |

ARTICLE IV-