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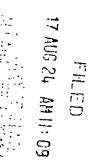
(Re	questor's Name)	
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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T. BURCH AUG 2 4 2017

COVER LETTER

Division of Co				
SUBJECT: MDLMA,	LLC			
30bace 1	(Name of Resi	ulting Florida Limite	d Com	pany)
The enclosed Articles Business Entity" into	of Conversion, Articl a "Florida Limited Li	es of Organizationability Company'	n, and ' in ac	I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all corre	spondence concerning	g this matter to:		
John P. Quinones, IV, Esc	quire			
	(Contact Person)			
John P. Quinones, IV, P.	٨.			
	(Firm/Company)			
24 North Clyde Avenue				
	(Address)			
Kissimmee, Florida 3474	1			
(0	City, State and Zip Code)			
floridacourtresolution@g	mail.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
John P. Quinones, IV, Es	quire	_at (<u>407</u>	870-8	857
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the		rocess	eed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAIL	NG A	ADDRESS:
New Filing Section		New Fi		
Division of Corporat	ions			Corporations
Clifton Building	Ci1-	P. O. B		27 FL 32314
TABLE Veculive Leni	CT U ITCIC	1 3113113	33CC.	し しょうしょうしょう

Tallahassee, FL 32301

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±10452 Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MLDMA CORPORATION
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
May 11th, 2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: MLDMA, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 22 day of Aagust	20_1_7
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: Martin Rodriguez / John Quinons, Es-	Title: Manager / A-Homy
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]
Signature: X Printed Name: Martin Rodriguez	Title: President
Signature: A Supra Alame Chiez	Title: Secretary
Signature: X JUL Alle Printed Name: Dicro von Redrighez Adame	Title: Treasurer
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit 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

MLDMA, LLC		20 N W W W W
()	Must contain the words "Limited	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - / The mailing add	Address: ress and street address of	the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
644 N. Wekiwa Spi	ring Road	644 N. Wekiwa Spring Road
Apopka, Florida 32		Apopka, Florida 32712
The name and th	an active Florida registration.) no Florida street address o	f the registered agent are:
The name and th	ne Florida street address o Martin Rodriguez	f the registered agent are: Name
The name and th	Martin Rodriguez 644 N. Wekiwa Spring R	Name
The name and the	Martin Rodriguez 644 N. Wekiwa Spring Ro Florida street addres	Name pad s (P.O. Box <u>NOT</u> acceptable)
The name and th	Martin Rodriguez 644 N. Wekiwa Spring R	Name

(CONTINUED)

litle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager		
Manager	Martin Rodriguez	
	644 N. Wekiwa Road	
	Apopka, Florida 32712	
Authorized Member	Luz Majia Adame Cortez	
	644 N. Wekiwa Road	
	Apopka, Florida 32712	
Authorized Member	Deire Ivon Rodriguez, Adame	
	644 N. Wekiwa Road	
	Apopka, Florida 32712	
		彈。
		37
(Use attachment if necessary)		<u> Ar</u>
		•
LE V: Other provisions, if any.		
LE V. Other provisions, it day.		
REQUIRED SIGNATURE:		
* South		
Signature of a member of	r an authorized representative of a	member
This document is executed in accordant any false information submitted in a dot as provided for in s.817.155, F.S.	ee with section 605.0203 (1) (b), Florida State current to the Department of State constitutes:	ites. I am aware a third degree fo
Martin Rodriguez	Typed or printed name of signee	
Martin Kodriguez.		

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-