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PICK-UP	MAIT	MAIL
	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of \$	Status
Canaial Instructions	An Ellina Officer	
Special Instructions	to Filing Officer:	
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SECRETARY OF STATE

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#### COVER LETTER

**TO:** New Filing Section Division of Corporations

### SUBJECT: DESIGNERS & DEVELOPERS ASSOCIATES LLC (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:

ADOLPH E	HOLHESS	)		
DESIGNERS	(Contact Person)  # DEVELOPE (Firm/Company)	ERS ASSOCIA	ITES INC	•
5491 ALIBI	TERRACE (Address)		•	
NORTH PO	RT -FLORI City, State and Zip Code)	DA 34286		
	S1@GMAI			
For further informati	on concerning this ma	tter, please call:		
ADOLPH (Name of Conta	E. HOLNESS act Person)	_ `——	time Telephone Number)	
Enclosed is a check f dollars and drawn on	for the following amou a bank located in the	int: (All checks proces: United States)	sed by this office must be payal	ble in∎US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	<b>S</b> •	MAILING A	nnpree-	

New Filing Section

P. O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

New Filing Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## HAR -5 AM 8: 50 ECRETARY OF STATE LLAHASSEE, FLORIDA

# 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 Conversion is:  DESIGNERS ADEVELOPERS ASSOCIATES INC. #P05-701  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on $05-09-2005$ (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DESIGNERS & DEVELOPER ASSOCIATES ELC (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 26 day of FEBURARY	(_20 <u>125</u>
Signature of Authorized Representative of Limi	ted kiability Company:
Signature of Authorized Representative:  Printed Name: ADOLPH E-HOLNESS	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	
Signature: Misones Printed Name: VVETTE HOLNESS	Title: DIRECTOR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:	_ Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v 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

The name of the Limited Liability Company is:

DESIGNERS & DEVELOPERS ASSOCIATES LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

5491 ALIBI TERRACE PO BOX 590158  NORTH PORT FORT LAUDERDALE FLORIDA 34286 FLORIDA 33350		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
ADOLPH E. HOLNESS Name		
5491 ALIBI TERRACE Florida street address (P.O. Box NOT acceptable)		
NORTH PORT FL 34286 City Zip		
Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S		
Registered Agent's Signature (REQUIRED)		

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $ \underline{NGR} $	ADOLPH E. HOLNESS 5491 ALIBI TERRACE NORTH PORT FL34286
MGR	NETTE HOLNESS 5491 ALIBI TERRACE NORTH PORT FL34286
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member

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

ARTICLE IV-

Company:

Typed or printed name of signee

Filing Fees

25.00 Filing Fee for Articles of Organization and Designation of Rec

as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony