# 118000147340

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

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

JUN 1 8 2018

T SCHROEDER

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT:
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:
Leronnie Hirris (Contact Person)
D.L. H. Family L.L.C. (Firm/Company)
4020 Liberty Estates br. (Address)
MACON GA 313.16 (City, State and Zip Code)

### **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 Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Domestic Limited Liability Company</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business must, etc.
First organized, formed or incorporated under the laws of <u>Seora ia</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 5 12 2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(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.

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FALL AHASSEE, FLORIDA

Signed this 16 day of May	20 <u>18</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Leronie Harris	mie Haris _ Title: Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: <u>Leronne Harris</u> Printed Name: <u>Leronne Harris</u>	Title: OWM
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In  If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili 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)

FILED
18 JUN 15 AM 9: 10
SECRE LARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	<del></del>		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabili	ty Com	pany	is:
Principal Office Address: Mailing Address:			
2501 Palm Ave #104 4020 Liberty Esta Miramar, FL 33025 Macon, GA 3/216	<u>=les Ì</u> 	5< V·	و
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	j <b>aatur</b> e. or another	•	
The name and the Florida street address of the registered agent are:	SECR ALLA	ال 18	
Leconie Harris Name	HASSKY TAKY	18 JUN 15	
2501 Palm Ave #104 Florida street address (P.O. Box NOT acceptable)	OF STATE E. FLORIDA	AM :9: 10	ED
Hiramar FL 33025	RIDA	0	
City Zip  Having been named as registered agent and to accept service of process for the ab-	mve stat	ed lis	nited

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..

Leromie Clavii
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

And the second of the second o

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerMGR	Leronnie Harris 4020 Liberty Estates Drive Macon EA 31216
<del></del>	
(Use attachment if necessary)	SECRE I
ARTICLE V: Other provisions, if any	ARY OF S
	9: 1 ORIG
REQUIRED SIGNATURE:	& Horis
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Len	onnie Harris
Ту	ped or printed name of signee Filing Fees
	rining rees

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