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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: S.A. Dill, LLC		
(Name of Res	ulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	-	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Trevor K Brewer		
(Contact Person)	<u></u>	
BrewerLong PLLC		
(Firm/Company)		PEC 3 T
620 N Wymore Rd, Suite 270		超三月
(Address)		
Maitland, Florida 32751		
(City, State and Zip Code)	··	700 R
tbrewer@brewerlong.com		18 NOV 19 PH 12: WA
E-mail Address: (to be used for future annual re	port notifications)	100 mg/s
For further information concerning this ma	iter, please call:	
Trevor K. Brewer	at (660-2964
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		rocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy	
STREET ADDRESS:	MAILI	NG ADDRESS:
New Filing Section		ing Section
Division of Corporations		n of Corporations
Clifton Building	P. O. Bo	ox 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: S.A. Dill, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
October 26, 2004 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
S.A. Dill, 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.)
<u>Note:</u> 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.

18 NOV 19 PHIZ: LL
SECRETARY LANGEST TALLAHASSEE TO TALLAHASSEE

Signed this _	day of	20_18	
Signature of	Authorized Representative	e of Limited Liability Company:	
Signature of A	Authorized Representative:	Susan A. Dill Title: Manager	
	wan A Dill	<u>s Entity:</u> [See below for required sign	
Printed Name	Susan A. Dill	Title: Manager	
Signature: Printed Name	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature: Printed Name	:	Title:	
Signature: Printed Name	:	Title:	
Signature: Printed Name		Title:	
Signature:	·	Title:	
If Florida Co Signature of C If Directors of If Florida Ge	orporation: Chairman, Vice Chairman, Die r Officers have not been selec eneral Partnership or Limite	irector, or Officer. eted, an Incorporator must sign.	
If Florida Li	one General Partner. <u>mited Partnership or Limite</u> <u>ALL</u> General Partners.	ed Liability Limited Partnership:	
All others: Signature of a	in authorized person.		
Fees:			*
Fees t Certif	es of Conversion: for Florida Articles of Organ Ted Copy: Tcate of Status:	\$25.00 nization: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company	is:	
S.A. Dill, LLC		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
9154 Bay Point Drive	9154 Bay Point Drive	
Orlando, Florida 32819-4804	Orlando, Florida 32819-4804	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the server and the se	egistered Agent. You must designate an it	
BrewerLong PLLC		
	ame	
620 N Wymore Rd, Ste 270		
	P.O. Box NOT acceptable)	
Maitland	FL 32751	
City	Zip	
	d in this certificate, I hereby acc pacity. I further agree to comply re performance of my duties, an	ept the appointment as wwith the provisions of all d I am familiar with and

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

'AMBR" = Authorized Member	
'MGR" = Manager MGR	Susan A. Dill
BICIC	9154 Bay Point Drive
	Orlando, Florida 32819-4804
	Orando, Fioral 32017-4004
	Pur
	7.9
Use attachment if necessary)	
(Use attachment if necessary)	
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Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	e with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	e with section 605.0203 (1) (b), Florida Statutes, I am aware tument to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware to ament to the Department of State constitutes a third degree fellowed or printed name of signee Filing Fees