# 49000024173

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	to Filing Officer:	

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THE THE SECRETARY SECRETAR

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### **COVER LETTER**

TO:	New Filing S Division of C				
SHR		ING HOLDINGS, LLC			
SOD		(Name of Res	ulting Florida Limit	ed Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Nicole	Brammer				
		(Contact Person)			
	··· - ···	(Firm/Company)			
5176 F	Pine Abbey Drive S	S			
		(Address)			
West I	Palm Beach, Fl 334	115			
	((	City, State and Zip Code)			
nicole	abrammer@gmail.	com			
Е-1	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
Nicole	Brammer		_at (	465-6	5740
	(Name of Conta	ect Person)	(Area Code)	(Day	rtime Telephone Number)
		or the following amou a bank located in the	` _	rocess	sed by this office must be payable in US
(\$25 fc & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I	EET ADDRESS Filing Section ion of Corporat		New Fi	ling S	ADDRESS: Section Corporations
Clifto	n Building		P. O. B	ox 63	27
2661	Executive Cent	er Circle	Tallaha	ssee, l	FL 32314

INHS11 (7/17)

Tallahassee, FL 32301

Document # W180000 83298

### **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: DAYSPRING HOLDINGS, LLC
(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
on Control of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DAYSPRING HOLDINGS 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.
19 Jan 30

Signed this	20 day of 5	September	_ 20_18		
Signature o	of Authorized Rep	resentative of Limit	ted Liability Company:		
		sentative: 1800	Title: Director	_	
Signature(s	) on behalf of Othe	r Business Entity:	See below for required signature(s)		
	pe: Marlon Brammer		Title: Director	_	
Signature:	Iterle R	Drammer			
Printed Nan	ne: Nicole Brammer		Title: Director	<del>_</del>	
Signature: Printed Nan	ne:		Title:	 	
Signature: Printed Nan	ne:		Title:	_ <u></u>	
Signature:	ne.		_ Title:	<del></del>	
Printed Nan	ne:		Title:	_	
Signature of		airman, Director, or C been selected, an Inc			
	General Partnershi Fone General Partne	<u>o or Limited Liabilit</u> r.	y Partnership:		
	<b>Limited Partnership</b> of <b>ALL</b> General Part		y Limited Partnership:		
All others: Signature of	an authorized perso	on.			19 J <b>A</b>
Fees:				Sale	430
Fee: Cert	cles of Conversion: s for Florida Article ified Copy: ificate of Status:		\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	SEPTIME TO BE	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	OLDINGS, LLC	ability Company, "L.L.C.," or "LLC.")				
	(Must contain the words - Entitled El	admity Company, E.E.C., or EEC. )				
ARTICLE II						
The mailing ac	ldress and street address of the	ne principal office of the Limite	ed Liability Company is:			
Principal Offi	ice Address:	Mailing Address:				
5176 Pine Abbey	Dr S	5176 Pine Abbey Dr S				
West Palm Beach	ı, Fl 33415	West Palm Beach, FI 33415				
	th an active Florida registration.) the Florida street address of	the registered agent are:	19			
	Brammer PLLC		JAN 30			
		Vame	3 S			
			3 S			
	N 515 N Flagler Drive		See See In			
	N 515 N Flagler Drive	Jame	3 S			
	515 N Flagler Drive Florida street address	Name (P.O. Box <u>NOT</u> acceptable)	3 S			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

•				
A	RT	ICI	$\mathbf{E}$	IV-

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" = Manager	
MGR	Marlon Brammer
	5176 Pine Abbey Drive S
	West Palm Beach, FI 33415
MGR	Nicole Brammer
	5176 Pine Abbey Drive S
	West Palm Beach, Fl 33415
	<u> </u>
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(Use attachment if necessary)	
CLE V: Other provisions, if any.	金子 30 第一30
REQUIRED SIGNATURE:	
REQUIRED STORM ORE.	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha
any false information submitted in a docu	ument to the Department of State constitutes a third degree felor
as provided for in s.817.155, F.S.	
Marlon Brammer	Maria

Filing Fees

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