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(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

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### **COVER LETTER**

то:	New Filing Se Division of C				
SHRI	ECT: DGD PA	INTING, LLC			
оова	ECT	(Name of Res	sulting Florida Limit	ed Con	npany)
					d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this matter to:		
Norma	ın Martinez				
_		(Contact Person)		-	
NM A	ecounting Services	3			
		(Firm/Company)			
102 Sh	oreview Dr.				
		(Address)	· · · · · · · · · · · · · · · · · · ·		
Greena	ocres, FL 33463				
	((	City, State and Zip Code)			
norma	nm@nmaccountin	gservices.com			
E-n	nail Address: (to b	e used for future annual re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call:		
Norma	n Martinez		_at (	856-4	168
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles anization)		□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy. and Certificate of Status
New I Divisi Cliftor 2661	CET ADDRESS Filing Section on of Corporati n Building Executive Centi lassee, FL 3230	ions er Circle	New Fi Divisio P. O. B	ling Son of Cox 632	orporations

## **Articles of Conversion**

For

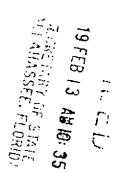
# "Other Business Entity"

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 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
(Enter state, or if a non-U.S. entity, the name of the country)
9/26/16 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:
DGD PAINTING 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 day of January	20 <u>19</u> .
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Jerry A. Martinez	Title: President
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: A Service Printed Name: Jerry A. Martinez	Title: President
Signature: _x Mus Holdo Printed Name: Mary G. Guardado	Title: Vice President
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If 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 Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

19 FEB 13 Ab 10: 35

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DGD Painting, LLC			
(Must co	ontain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr	ess:		
The mailing address a	ind street address o	of the principal office of the Limited	Liability Company is:
Principal Office Add	lress:	Mailing Address:	
6469 Seminole Drive		6469 Seminole Drive	
Lake Worth, FL 33462		Lake Worth, FL 33462	
(The Limited Liability Comp business entity with an activ	any cannot serve as its over Florida registration.)	win Registered Agent. You must designate an ind of the registered agent are:	ividual or another FEB
Jer	rry A. Martinez		
Jer		Name	SS S C
64	rry A. Martinez  69 Seminole Drive		

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)

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

HARADON A J. LEA I	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Jerry A. Martinez
Mok	6469 Seminole Drive
	Lake Worth, FL 33462
	traine it of the 12 3 3 102
MGR	Mary G. Guardado
	6469 Seminole Drive
	Lake Worth, FL 33462
	~* <u>\</u>
	P 2
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(Use attachment if necessary)	#\`
(Obe acadminent if the copart t)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member of	an authorized representative of a member
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
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware ament to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes. I am aware

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