

| | auastada Nama\ | |
|-------------------------|-------------------|-------------|
| (Re | questor's Name) | |
| (Ad | dress) | |
| 、 | , | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| (D- | - N. J. X | |
| (00 | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| W19 - 83 | 931 | |

Office Use Only



800333379918

99/94/19--91007--022 **150.00

Z#19 SEP 24 AM 11: 50
SECRETARY OF STATE
TALLAHASSEE

35P 24 2019

3 Brumpley

COVER LETTER

| TO: New Filing Section Division of Corpora | ations | | | |
|---|-----------------------|--|--------|--|
| SUBJECT: DRYMENOW W | VATER CLEAN UP A | AND RESTORAT | ION IN | NC. |
| DODGECT, | | ting Florida Limite | | |
| | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all correspond | lence concerning t | his matter to: | | |
| Ali Amin Saleh | | | | |
| (Cor | itact Person) | | | |
| (Fire | n/Company) | | | |
| 3664 PALM AVENUE | | | | |
| (| Address) | | | |
| HIALEAH, FL 33012 | | | | |
| (City, Sta | ite and Zip Code) | | | |
| alexsaleh l@hotmail.com | | | | |
| E-mail Address: (to be used f | or future annual repo | rt notifications) | | |
| For further information con | cerning this matte | r, please call: | | |
| Ali Saleh | | at (<u>305</u>) | 525-0- | 424 |
| (Name of Contact Perso | | | (Dayt | time Telephone Number) |
| Enclosed is a check for the dollars and drawn on a bank | _ | • | ocess | ed by this office must be payable in US |
| | ertificate of | □\$180.00 Filing F and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | | MAILI | NG A | DDRESS: |
| New Filing Section | | New Fili | _ | |
| Division of Corporations Clifton Building | | Division P. O. Bo | | orporations 27 |
| 2661 Executive Center Circ | le | | | :/ FL 32314 |

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: DRYMENOW WATER CLEAN UP AND RESTORATION INC. |
|---|
| (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) |
| 07/23/2019 on |
| 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 DRYMENOW WATER CLEAN UP AND RESTORATION, 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.

ZHISEP 24 MHII: 50 SECRETARY OF STAIR

| Signed this 28th day of August | <u>20_19</u> _ |
|---|--|
| Signature of Authorized Representative of Limi | ited Liability Company: |
| Signature of Authorized Representative: Printed Name: Alt Amin Saleh | Title: President |
| Signature(s) on behalf of Other Business Entity: | / See below for required signature(s) |
| Signature: Printed Name: ALE AMEN SA IELT | |
| Printed Name: ALEANT SAIRIT | _ Title: |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | |
| Signature: Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc If Florida General Partnership or Limited Liability Signature of one General Partner. | corporator must sign. |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 $p^{-2} = (k-1) \cdot (k-1)$

ARTICLE 1 - Name:

| The name of the Limited | Liability Company is | : | |
|--|--|--|---|
| DRYMENOW WATER CLE | | | |
| (Must contai | n the words "Limited Liabili | ty Company, "L.L.C.," or "LLC." | ") |
| ARTICLE II - Address: The mailing address and s | street address of the p | rincipal office of the Lim | nited Liability Company is: |
| Principal Office Address | <u>s:</u> | Mailing Address: | |
| 3664 Palm Avenue | | 3664 Palm Avenue | |
| Hialeah, FL 33012 | | Hialeah, FL 33012 | |
| (The Limited Liability Company of business entity with an active Florida The name and the Florida Ali An | orida registration.) | registered agent are: | |
| 3664 P | alm Avenue | | |
| Flori | da street address (P.C | D. Box <u>NOT</u> acceptable) | |
| Hialea | h | FL 33012 | |
| | City | Zip | |
| liability company at a registered agent and ago statutes relating to the | the place designated in ree to act in this capac proper and complete | n this certificate, I hereby ity. I further agree to cor performance of my duties. | es for the above stated limited accept the appointment as apply with the provisions of all and I am familiar with and I for in Chapter 605, F.S |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Authorized Member | |
|--|---|
| "MGR" = Manager | |
| MGR | ALI AMIN SALEH |
| | 3664 PALM AVENUE |
| | HIALEAH, FL 33012 |
| MGR | DEWEY ALLEN JOHNSON |
| | 3664 PALM AVENUE |
| | HIALEAH, FL 33012 |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| • | |
| (Use attachment if necessary) LE V: Other provisions, if any. | |
| | |
| • | |
| LE V: Other provisions, if any. | n n |
| • | A D |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | Juf |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or. | an anthorized representative of a member |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree for |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document is a document in a docum | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware ment to the Department of State constitutes a third degree for |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or. | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for |

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)