2000000657

(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified CopiesC	ertificates of Status
Special Instructions to Filing O	fficer:

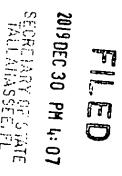
Office Use Only

K PAGE JAN 0 3 2020



400337238224

11/23/19--01035--023 **150.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2019

CAROL IVEY 529 SOUTH CORTEZ DRIVE MARGATE, FL 33068

SUBJECT: DPSI, LLC

Ref. Number: W19000109700

We have received your document for DPSI, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00025694

Keyna E Page Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DPSILLC (Name of Resulting Florida Limited Company)
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:
Carol Ivey (Contact Person) DPSI, LLC
529 South Cortez Drive
529 South Cortez Drive (Address) Margate FL, 33068 (City. State/and Zip Code) Seacarol Ogmail. Com
E-mail Address: (to be used for Juture annual report notifications)
For further information concerning this matter, please call: Carrol Truy at (S43) 327-0777 (Name of Contact Person)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$25 for Conversion and Certificate of Status) S125 for Articles Status S150.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status S125 for Articles Status OF Companization S150.00 Filing Fees Certified Copy, and Certificate of Status OF Companization OF Companization S150.00 Filing Fees and Certified Copy and Certificate of Status OF Companization OF Companization S150.00 Filing Fees and Certified Copy and Certificate of Status OF Companization OF Companiz
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
DPST LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of South Carolina (Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{5/29}{(\text{date of organization. formation or incorporation})}$
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DPSI, 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 27 th day of December 20 19. Signature of Authorized Representative of Limited Mability Company: Signature of Authorized Representative:/ Printed Name: CAROL IVey Signature(s) oh behalf of Other Business Entity: [See below for required signature(s)] Signature: _Title: Member Printed Name: [Michael Signature: _____ Printed Name: ______ Title: ______ Signature: Printed Name: Title: Signature: _____ Printed Name: ______ Title: _____ Signature: ____ Printed Name: ______ Title: Signature: Printed Name: _____ Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

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 "LLC")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
529 South Cortez Dr. Margate, FL 33068	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Carol Tre	4
Name	\sim 1 \sim 1.
Florida street address (P.O.	Box NOT accountable)
Margate City	FL 3306 &
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete paccept the obligations of my position as regi	accept service of process for the above stated limited this certificate. I hereby accept the appointment as cy. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605. F.S

ichael Ivey 19 South Covars Drive argate Fe 33068
29 South COARS Drive
29 South COARS Drive
1
sol July
reate Fi 3000000
33068
_ 5000
S.F.
9 DEC URE 11 VALLA
23 AA
ARY ARY
\(\sigma\)

Typed or printed name of signee

Filing Fees

as provided for in s.817.155, F.S.

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