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| Certified Copies | Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECNETY OF STATE
TALLAS SEE, FL

N CULLIGAN



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

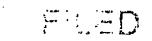
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

| (CORPORATE NAM | E) (C | (DOCUMENT #) | |
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| 2. (CORPORATE NAMI | E) (D | OCUMENT #) | |
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| | , | OCUMENT #) | |
| ☐ Walk-In | Pick up time: Certified Copy | Certificate Of Status | |
| □ Walk-In 1□ New Filings | Pick up time: Certified Copy Amendments | Certificate Of Status Other Filings | |
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| New Filings | Amendments | Other Filings | |
| New Filings Profit Non-Profit | Amendments Amendments | Other Filings Annual Report | |
| New Filings Profit | Amendments Amendments Resignation | Other Filings Annual Report Fictitious Name | |

Examiners Initials



2020 HAR 17 AM 9: 31

Articles of Conversion For "Other Business Entity"

SECRETALISM OF STATE TALLAMAUSEE, FL

Into
Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| First organized, formed or incorporated under the laws of Washington State (Enter state, or if a non-U.S. entity, the name of the country) |
| on 2/12/2015 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| DH Lawns 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 13th day of March | 20 20 |
|---|--|
| Signature of Authorized Representative of Lin | nited Lighility Company: |
| Signature of Authorized Representative: T | _ |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: (1) Printed Name: Dariel Hignite II | Title: HGL |
| Signature: Printed Name: | |
| Signature:Printed Name: | |
| Signature: Printed Name: | |
| Signature: Printed Name: | |
| Signature: Printed Name: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | Officer. corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | tv. Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|---|
| DH Lawns LLC (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2014 Edgewater Dr *168 Orlando FL 32804 | 2014 Edgewater Dr #168 Octable FL 32804 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrousiness entity with an active Florida registration.) | ered Agent. You must designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| Daniel Highi Name | te II |
| 2014 Edgluxi Florida street address (P.O. | Her Dr # 168 F |
| <u>Orlandu</u> City | FL 32 804 FA 23 Zip |
| Having been named as registered agent and to | accept service of process for the above stated limited this certificate. I hereby accept the appointment as |

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:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | Daniel Hignik II 2014 Edgewater Dr # 168 Orlando FL 32804 |
| | |
| | SECTION ART |
| | |
| (Use attachment if necessary) | TATE FL |
| ARTICLE V: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| This document is executed in accordance | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony |
| Doniel Highi | ped or printed name of signee |
| | Filing Fees |
| \$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Options | f Organization and Designation of Registered Agent al) \$ 5.00 Certificate of Status (Optional) |

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

DH LAWNS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 02/12/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/13/2020 UBI Number: 603 477 642

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 03/13/2020