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| (Reque | estor's Name) | | | |
|---|----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/S | tate/Zip/Phone | · #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| 1000 pc 1 | | | | |
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Office Use Only

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March 6, 2020

DONN TAYLOR 202 W JEAN ST TAMPA, FL 33604

SUBJECT: DONN'S BIZ LLC Ref. Number: W20000024835

We have received your document for DONN'S BIZ LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 220A00004959

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COVER LETTER

| Division of | Section Corporations | | |
|--|--|--------------------------------------|---|
| SUBJECT: | DONN'S (Name of Res | BIZ | LLC |
| | (Name of Res | ulting Florida Lim | nited Company) |
| The enclosed Articl Business Entity" in | es of Conversion, Artic to a "Florida Limited Li | les of Organizat ability Compan | tion, and fees are submitted to convert an "Other ny" in accordance with s. 605.1045, F.S. |
| Please return all con | rrespondence concerning | g this matter to: | : |
| Donn | TATLOR_ (Contact Person) | | _ |
| | | | |
| DONN' | S RIZ (Firm/Company) | | _ |
| | (Firm/Company) | | |
| 702 U |) JEHIU ST (Address) | - | _ |
| 7-17 MP | A FL 3360 (City, State and Zip Code) | 04 | <u> </u> |
| | be used for future annual re | | |
| For further informa | tion concerning this ma | tter, please call: | 3-785-3374 |
| Name of Con | TAULOR mact Person) | _at (<u>\$13</u> (Area Code | 3 - 785 - 3374 3 - 327 - 9771 0077 e) (Daytime Telephone Number) |
| | for the following amou on a bank located in the | | processed by this office must be payable in US |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | □S155.00 Filing Fees and Certificate of Status | ♥\$180,00 Filing and Certified Co | |
| Mailing Ad | dress: | | Street Address: |
| New Filing | | | New Filing Section |
| Division of P.O. Box 63 | Corporations | | Division of Corporations The Centre of Tallahassee |
| 1 . O . DOA 0.3 | <i>ا ت ا</i> | | i ito certice or ranamadee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity"

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 |
| First organized, formed or incorporated under the laws of FLOZIDA, OSIX (Enter state, or if a non-U.S. entity, the name of the country) |
| on 0/17/2019 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| DONN'S BIZ L.L.C. (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: $\frac{62}{19}$ $\frac{19}{2620}$. (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 19th day of FEBRUARY 20-ZO Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: DONL N THILDR Title: PAESIONIT (MP SIZ) Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Printed Name: DONN N. TAYLOR Title: PRESIDENT I MENTED Printed Name: ______ Title: ______ Signature: Printed Name: Signature: ______ 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:

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional) Certified Copy: \$5.00 (Optional) Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | | | |
|---|---|--|--|--|
| DONN'S BIZ L. L. C. (Must contain the words "Limited Liability of | Company, "L.L.C.," or "LLC,") | | | |
| ARTICLE II - Address: The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| ZOZ W JEAN ST TAMPA, FI 33604 | 702 W. JEAN ST TAMPA, FL 33604 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | | | |
| liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete po | Box NOT acceptable) FL 33572 Zip accept service of process for the above stated limited his certificate, I hereby accept the appointment as w. I further agree to comply with the providions of all or formance of my duties, and I am familia with and stered agent as provided for in Chapter 605, F.S | | | |

(CONTINUED)

ARTICLE IV-

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 M CUR | DUNIN TAMION |
| 100 | 202 W. JEANST |
| | - Train Fr 33604 |
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| | HAR AR |
| (Use attachment if necessary) | R - 9 |
| TCLE V: Other provisions, if any. | . 1. 2. (1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| | <u> </u> |
| | |
| REQUIRED SIGNATURE: | |
| 10 n. l | |
| 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 |
| DONN N. T | AHLOR |
| Ту | |
| 2127.00 (21) | <u>Filing Fees</u> of Organization and Designation of Registered Agent |

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