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(F	Requestor's Name)	
(/	Address)	
(<i>t</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
J)	Document Number)	
Certified Copies	Certificates of S	itatus
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SUBJ	ECT:	Daileys	Machine oulting Florida Lin		inani)
Busin	ess Entity" into	s of Conversion, Artic	les of Organiza ability Compar	tion, an ny" in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
E-n For fu	Dayles 25961 5141 Brooks ville (C KHC k nail Address: (to b	Contact Person) (S. Machine LL (Firm/Company) Ag. bull (Address) FL. 3460/ City, State and Zip Code) concerning this markey	Mad. Com port notifications) tter, please call		13 4090 time Telephone Number)
Enclo dollar S15 (\$25 fo & \$125	sed is a check f		nt: (All checks	process	ed by this office must be payable in US \$\Begin{align*}
	Mailing Add New Filing St Division of C P.O. Box 632 Tallahassee, H	ection orporations 7		New I Divisi The C 2415	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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 Conver	sion is:	
Daileys machine LLC		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a Limited Lightly Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business.	ess trust, c	te.)
First organized, formed or incorporated under the laws of Arizona (Enter state, or if a non-U.S. entity, the name of the co		ĺ
on 04/08/2013 (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ	nizatior):):
Daileys Machine LLC (Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date:	1 <i>F</i> .	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar of 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 lis 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.		1
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	amount t	0
	20 J	, !:

Signed this 27 day of may	_20_20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Zun Printed Name: Kyle Doiley	Durg
Printed Name: Kyle Doiley	_Title: _owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Zew Box	
Signature: Zew Dens Printed Name: Kyle OgiTey	Title: OWAES
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Tidle
Signature: Printed Name:	Title
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	is:
Doileys Muchine	LLC
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
25961 Sitting bull Brooks ville EL 34601	Same as principal
(The Limited Liability Company cannot serve as its own Republishess entity with an active Florida registration.) The name and the Florida street address of the Kyle Da National Street Strang	me bull O. Box NOT acceptable)
City	FL 3460/ Zip

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)

A D	TI	Γ	F	$1V_{-}$

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MOR = Manager	
-A .C. B	
MOR	Kyle Dailey 25961 Sitting buil Brooksuille Fl 3460j
	23 961 Sitting buil
	Brodicsuile FL 39601
(Use attachment if necessary)	
(Ose attachment if necessary)	
(Ose attachment if necessary)	
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CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any. REQUIRED SIGNATURE: Aug.	
ELE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or :	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felorises.
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the

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