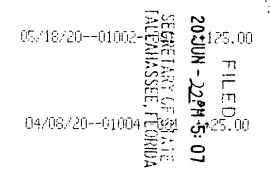
# L2000246186

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
\$25,00 Chark				
attacked				

Office Use Only



700341915477



D O'KEEFF
AUG 2 3 2020

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W20-35876

May 15, 2020

JOEL COOPER 2ND CORRECTION REQUEST DYNAMIC DETAILING 321 INC. 502 PAUMA VALLEY CT. MELBOURNE, FL 32940

SUBJECT: DYNAMIC DETAILING 321 LLC

Ref. Number: W20000035876

We have received your document for DYNAMIC DETAILING 321 LLC and your check(s) totaling \$25.00. 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.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 420A00007505

SECRETARY OF STATE TALLAHASSEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2020

JOEL COOPER DYNAMIC DETAILING 321 INC. 502 PAUMA VALLEY CT. MELBOURNE, FL 32940

SUBJECT: DYNAMIC DETAILING 321 LLC

Ref. Number: W20000035876

We have received your document for DYNAMIC DETAILING 321 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An additional fee of \$125.00 is due. Monies paid for your previous online filing cannot be applied to this application. Please contact me in regards with your online filing refund. ALSO, please complete the Articles of Conversion. A required signature is missing.

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.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 420A00007505

AR filed 6/22/200

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www.sunbiz.org

DILL AG

#### **COVER LETTER**

Division of C	orporations		
SUBJECT:	MAMIC DE	HAILING 3	
	(Name of Res	uning riorida Limited	Company)
			and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
	P		
JOE L	POOPE	R.	
	(Contact Person)		
DYNAMIC DE	HAILING 321 =	INC.	
502 PAI	MA VA//EV	CJ.	
	(Address)		
ME/bour	NE. F.L. 32	1940	
((	Tity, State and Zip Code)		
LOU COODER	2109mail.co	$\gamma$	
	e used for future annual rep		
For further information	on concerning this mat	ter, please call:	
JOEL C	OOPER	at ( <u>321</u> )	626-4919
(Name of Conta			Daytime Telephone Number)
Enclosed is a check f	or the following amou	nt: (All checks proc	essed by this office must be payable in US
	a bank located in the l	•	
\$150.00 Filing Fees (\$25 for Conversion	□\$155.00 Filing Fees and Certificate of	☐\$180.00 Filing Fee and Certified Copy	
& \$125 for Articles of Organization)	Status	and certified copy	Certificate of Status
Mailing Add	*000*	Ç+.	reet Address:
New Filing So			w Filing Section
Division of C			vision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

#### **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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on 3/30/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
1) YMAMIC DETAILING 321 LLC. (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/24/2016.  (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.

PILLO

20 JUN 22 PM 5:
SECRETARY OF STA

Signed this <u>24<sup>th</sup></u> day of <u>MARCh</u>	20,20	<del></del>	
Signature of Authorized Representative of	of Limited Liability C	Company:	
Signature of Authorized Representative: 4 Printed Name: 10EL COOPER	Joel Goopea Title	1-MIGR"	<del>-</del>
Signature(s) on behalf of Other Business E			
Signature: Goel Coopen. Printed Name: Joel (Oxper)	✓ Title:	TIMICALY	- ×
Signature:Printed Name:	Title:		_ _
Signature:Printed Name:	Title:		_
Signature:Printed Name:	Title:		_ _
Signature:Printed Name:	Title:		<b>-</b>
Signature:Printed Name:	Title:		<b>-</b>
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly If Directors or Officers have not been selected	tor, or Officer.		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	<u>.</u>	
If Florida Limited Partnership or Limited   Signatures of ALL General Partners.	Liability Limited Part	tnership:	
All others: Signature of an authorized person.			
Fees:			IAL

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DYNAMIC DE FAILING 321 LLC.  (Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
502 PAUMA VALLEY Ct. 502 PAUMA VALLE MELBOURNE FL. 32940 MELBOURNE FL. 32	y C <del>I.</del> 190
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualist business entity with an active Florida registration.)	Signature: ual or another
The name and the Florida street address of the registered agent are:	
JOEL COOPER_	
Name	
502 PAUMA VALLEY Ct.	
Florida street address (P.O. Box NOT acceptable)	
ME/HOUDME 5 379K/O	
ME/BOURNE FL 32940  City Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept to registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Coople.  Registered Agent's Signature (REQUIRED)	he appointment as h the provisions of all m familiar with and
(CONTINUED)	<b>20 J</b> U SECKI

ARTICLE IV-

34,534

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	NOEL COOPER, 502 PAUMA VAIVEY CT MEI BOURNE FC. 32940			
	ZO JUN E			
(Use attachment if necessary)	PH 5: 4 SEE, FLORE			
ARTICLE V: Other provisions, if any.	A A C			
REQUIRED SIGNATURE:	9402/			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony			
JOEL	coopEl ped or printed name of signee			
Туұ	ped or printed name of signee Filing Fees			
	rining rees			

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