

L20000269742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

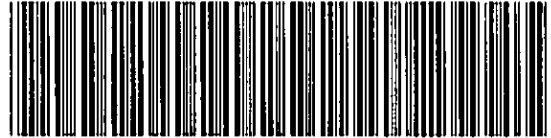
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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AUG 19 2020

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RECEIVED  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Dawfam mask  
(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:

Samion C. Dawkins or Victoria Dawkins  
(Contact Person)

Dawfam Mask LLC  
(Firm/Company)

6129 Royal Palm Blvd  
(Address)

Margate, Florida 33063  
(City, State and Zip Code)

dawfam estate @ gmail . com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Victoria Dawkins at ( 954 ) 446 - 3990  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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)

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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:

Dawfam Mask Corp  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation P17000015701  
(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 2/10/2017  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Dawfam mask 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.

2017 FEB 19 PM 12:39  
CLERK OF THE COURT  
STATE OF FLORIDA

Signed this 4 day of August 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]

Printed Name: Semon C. Dawkins Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: [Signature]

Printed Name: Victoria Dawkins Title: Authorized Member

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:

Dawfam MASK LLC

(Must contain the words "Limited Liability 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:

6129 Royal Palm Blvd  
Margate, FL 33063

### Mailing Address:

6129 Royal Palm Blvd  
Margate, FL 33063

## 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.)

The name and the Florida street address of the registered agent are:

Senion C. Dawkins  
Name

6129 Royal Palm Blvd  
Florida street address (P.O. Box **NOT** acceptable)

Margate FL 33063  
City 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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Semion C. Dawkins  
6129 Royal Palm Blvd  
Margate, FL 33063

Victoria Dawkins  
6129 Royal Palm Blvd  
Margate, FL 33063

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)


**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

\_\_\_\_\_

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Semion C. Dawkins\_\_\_\_\_

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

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



BUSINESS CERTIFICATE SERVICES  
400 CAPITAL CIRCLE SE, SUITE 18-238  
TALLAHASSEE, FL 32301

## 2020 CERTIFICATE OF STATUS REQUEST FORM

*This should be for Dawfam MASK FOR LLC*

FOR QUESTIONS CALL:  
1 (855) 755-3357



MON-FRI 9am - 5pm EST



1166\*\*\*\*\*ALL FOR AADC 331\*\*\*2-5  
DAWFAM ~~LLC~~ MASK LLC  
6129 Royal Palm Blvd  
Margate, FL 33063-2203

**IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.**

Document Number: <b>L20000225469</b>	Notice Date: <b>8/10/2020</b>	Please Respond By: <b>8/17/2020</b>
Business Address: <del>DAWFAM LLC</del> <b>DAWFAM MASK LLC</b> <b>6129 Royal Palm Blvd</b> <b>Margate, FL 33063-2203</b>		

Congratulations on registering your business with the State of Florida. Your Articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Florida Certificate of Status request.

A Florida Certificate of Status is issued by the Secretary of State and may be required for loans, to renew business licenses, or for tax or other business purposes. A certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the state and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of an entity's status, current legal name and date of formation. The Certificate of Status bears the official seal of the Florida Secretary of State.

### Business Information

Business Name: **DAWFAM MASK LLC**  
Document Number: **L20000225469**