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| (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: |
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DEC 2 9 2020 T. SCOTT



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| TO: | New Filing S Division of C | | · | | | |
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| /12 12 X | | UNG, LLC | | š | | |
| SUBJ | ECT: | · | sulting Florida Lim | ited Cor | mpany) | |
| | | | _ | | nd fees are submitted to convert an "Oth accordance with s. 605.1045, F.S. | er |
| Please | e return all corr | espondence concernin | g this matter to: | | | |
| BENIS | SA LEVIN | | | | | |
| | | (Contact Person) | | _ | | |
| BENIS | SA LEVIN, PA | | | | | |
| | | (Firm/Company) | | _ | | |
| 1825 I | NW CORPORAT | E BLVD #110 | | | | |
| | | (Address) | | _ | | |
| BOCA | RATON, FL 334 | 431 | | | | |
| | (1 | City, State and Zip Code) | | _ | | |
| BENIS | SA@GMAIL.COM | А | | | | |
| E-n | nail Address: (to b | e used for future annual re | port notifications) | _ | | |
| For fu | irther informati | on concerning this ma | tter, please call: | | | |
| BENIS | SA LEVIN | | _at (| 809- | 9525 | |
| | (Name of Conta | act Person) | (Area Code |) (Da | ytime Telephone Number) | |
| | | or the following amou a bank located in the | · · | proces | sed by this office must be payable in US | • |
| (\$25 fo & \$125 | 0.00 Filing Fees or Conversion of for Articles unization) | □\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Co | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| | Mailing Add New Filing S Division of C P.O. Box 632 | ection corporations | | New Divis | Et Address: Filing Section Sion of Corporations Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

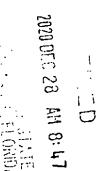
Into

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: D.B. YOUNG, LLC |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a D.B. YOUNG, LLC |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 11/12/2001 on . |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: D.B. YOUNG, 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 'D day of April | 20 <u>20</u> . |
|--------------------|--|--|
| Signat | ure of Authorized Representative of Limit | ted Liability Company: |
| Signati Printed | ure of Authorized Representative: !Quanter Name: Diane L. Bailey | Title: Member |
| Signat | ure(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signate Printed | re: Clare & Bailey Name: Dave L Barrey | Title: New Vir |
| Signati Printed | ire: Name: | Title: |
| Signate Printed | re:I Name: | Title: |
| Signate Printed | ıre: Name: | Title: |
| Signatu Printed | ire: Name: | Title: |
| Signate Printed | ire: | Title: |
| Signan | ida Corporation: are of Chairman, Vice Chairman, Director, or C ctors or Officers have not been selected, an Inc | |
| | ida General Partnership or Limited Liabilit ure of one General Partner. | y Partnership: |
| | ida Limited Partnership or Limited Liabilitures of ALL General Partners. | y Limited Partnership: |
| All oth Signatu | ners: ure of an authorized person. | |
| Fees: | | |
| | Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$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 | is: | | |
| | | | |
| D.B. YOUNG, LLC | | | |
| (Must contain the words "Limited Lia | bility (| Company, "L.L.C.," or "LLC." |) |
| ARTICLE II - Address: | | | |
| The mailing address and street address of the | e prin | cipal office of the Lim | ited Liability Company is: |
| Principal Office Address: | | Mailing Address: | |
| 5216 BENTGRASS WAY | | 5216 BENTGRASS WAY | |
| | (Vi | LAWKEWOOD RANCH, F | L 34211 |
| | | Lakewood | |
| ADTICLE III D. C. L. D. C. | | | |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) | red (egister | Jiffice, & Registered A ed Agent. You must designate | Agent's Signature: an individual or another |
| The name and the Florida street address of the | ne reg | gistered agent are: | |
| DIANE BAILEY | | | |
| Na | ame | | |
| 5216 BENTGRASS WAY | | | |
| Florida street address (F | P.O. I | Box NOT acceptable) | |
| LAKEWOOD RANCH | | FL 34211 | |
| City | | Zip | |
| Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as | d in the pacity re per regis | his certificate, I hereby of I further agree to con rformance of my duties, stered agent as provided | accept the appointment as uply with the provisions of all and I am familiar with and |
| (CONT | INU. | ED) |) DEC |

| "AMBR" = Authorized Member "MGR" = Manager AMBR DIANE BAILEY 5216 BENTGRASS WAY LAKEWOOD RANCH, FL 34211 (Use attachment if necessary) CLE 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 the any false information submitted in a document to the Department of State constitutes a third degree felo | Title: | Name and Address: | | | |
|--|---|--|--|--|--|
| Use attachment if necessary) CLE 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, Lamparage the | | | | | |
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| any false information cultivities in a document to the Director 605.0203 (1) (b). Florida Statutes, I am aware the | Signature of a member or a | in authorized representative of a member | | | |
| | any false information submitted in a document | with section 605.0203 (1) (b). Florida Statutes, I am aware th | | | |
| | as provided for in s.817.155, F.S. | | | | |
| • | DIANE BAILEY | | | | |

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)

ARTICLE IV-