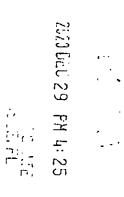
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	(Requestor's Name)		
(Address)			
(Address)			
	(City/State/Zip/Phone #)		
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions	s to Filing Officer:		

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	•
SUBJECT: DOVCAILLC	
(Name of Resul	ting Florida Limited Company)
	s of Organization, and fees are submitted to convert an "Oth bility Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
David Ametrano	
David Ametrano (Contact Person)  Davrail LLC	
Conth Lake Cunning  (Address)	han-
St. Johns, FL 32259 (City, State and Zip Code)	
(City, State and Zip Code)  MUTANUAQUIA 1 @ GMAIL - Wm  E-mail Address: (to be used for future annual repo	<u>J</u>
For further information concerning this matter	
	at (PGH-) 338-6661 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun dollars and drawn on a bank located in the U	t: (All checks processed by this office must be payable in US nited States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S180.00 Filing Fees and Certified Copy and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8107

### **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:    Dayperil   The Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
on $\frac{11/3}{\text{(date of organization, formation or incorporation)}}$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Davran LLC (Enter Name of Florida Limited Liability Company)
(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.
PH 4: 25

Signed this 12 day of Descimber	207.0
Signed this day of	200-
Signature of Authorized Representative of Lin	mited Liability Company:
Signature of Authorized Representative: North Printed Name: Down M - Approximation	M. Title:
Signature(s) on behalf of Other Business Entity Signature:	
Printed Names David Mr. Amid nano	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Frimed Name.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, of Directors or Officers have not been selected, an	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 1821 DEC 29 PH 1: 21

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Davrail L.L.C.			
(Must contain the words "Limited Liability	Company, "L.L.C.,"	or "LLC.")	<del></del>
	, , , , , , , , , , , , , , , , , , ,	,	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of	the Limited Liab	ility Company is:
Principal Office Address:	Mailing Add	ress:	
276 North Cake Cunningham St-John, Fl 37259	Sant as	office	<del></del>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent a	are:	
David M. Ama	trano	<u></u>	
David M. Ama Name 276. N. Laky Ca	uning hum	7	
Florida street address (P.O.	Box NOT acce	ptable)	
St John P	FL 3225	.9	
St John & City	Zi	p p	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete particles accept the obligations of my position as regions.	this certificate, ty, I further agr erformance of n	I hereby accept the ee to comply with ny duties, and I am	e appointment as the provisions of all 1 familiar with and
Wash Just	to the		53 53 53
Registered Agent's Signa	iture (REQUIR	ED)	E.
			29
(CONTINU	J <b>ED</b> )		PM 4: 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	David Amedrano 276 M. Cala Cunningham It Johns, Fl. 32259		
(Use attachment if necessary)			
ARTICLE V: Other provisions, if any.			
DECHINED CLONETURE.			
REQUIRED SIGNATURE:			
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		

Typed or printed name of signee Filing Fees

as provided for in s.817.155, F.S.

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