

L21000015304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

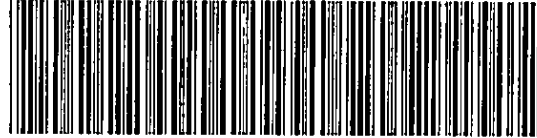
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W2400139644



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FILED
2021 JAN 19 AM 9:18
81:06 PM 61 WGT 1228



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2020

DEWEY GOSSELIN
3562 SE DIXIE HWY
STUART, FL 34997

SUBJECT: DIGITALIGHT SYSTEMS LLC
Ref. Number: W20000139604

We have received your document for DIGITALIGHT SYSTEMS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please list ceo first and last name in article IV.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 320A00024692

2021 JAN 19 PM 2:28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DIGITALIGHT SYSTEMS LLC

(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:

DEWEY GOSSELIN

(Contact Person)

DIGITALIGHT SYSTEMS LLC

(Firm/Company)

3562 SE DIXIE HWY

(Address)

STUART, FL 34997

(City, State and Zip Code)

DGOSSELIN@DIGITALIGHT.US

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

For further information concerning this matter, please call:

ANDREA MERRITT

at (772) 301-2429

(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)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

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.

(Enter Name of Other Business Entity)

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

(Enter state, or if a non-U.S. entity, the name of the country)

08/22/2016

DIGITALIGHT SYSTEMS LLC

08/22/2016

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.

5. 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.

2021 Jan 19 Fri 9:19

Signed this 23rd day of NOVEMBER 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: DEWEY GOSSELIN Title: CEO

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

Signature: [Signature]
Printed Name: Dewey Gosselin Title: CEO / President managing partner

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:

DIGITALIGHT SYSTEMS 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:

3562 SE DIXIE HWY

STUART, FL 34997

Mailing Address:

3562 SE DIXIE HWY

STUART, FL 34997

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:

DEWEY GOSSELIN

Name

3562 SE DIXIE HWY.

Florida street address (P.O. Box **NOT** acceptable)

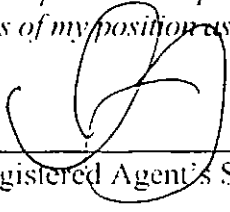
STUART

FL 34997

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)

2021 JAN 19 AM 9:19
FALLS CHURCH, VA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
CEO

Name and Address:

Dewey Gosselein
438 NE SUNFLOWER PLACE
JENSEN BEACH, FL 34957

(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.

DEWEY GOSSELIN

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)