12/000134534

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

42m0121254

APR 0 1 2021

T. SCOTT



400352222454

10/01/20--01023--011 **155.00

SEURCIARY OF STATE SEURCIARY OF STATE ALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2021

DARRYL T RIPPEY 705 DEEN ROAD BUNNELL, FL 32110

SUBJECT: DTR HOME REPAIR, LLC

Ref. Number: W20000121754

We have received your document for DTR HOME REPAIR, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Owner is not a title..

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away: By listing an effective date of January 1st, the entity's existence will not begin intil January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filling the until the following calendar year.

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: 420A00020834

www.sunbiz.org

TO DO DOV COOR MILL BY 11 0001

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DAVYU. TRIPPE, Enterprise, Inc. (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:
Darry 1 T. Rippey = Alton Manager MER MANAGEN
Darry I T. Rippey Enterprise, Dice MANAGEN (Contact Person) Darry I T. Rippey Enterprise, Dice ((Firm/Company)
705 Deen Rd.
(Address) Sunn all 72 32410 (City, State and Zip Code)
(City, State and Zip Code)
For further information concerning this matter, please call:
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)
S150.00 Filing Fees S25 for Conversion and Certificate of Status S125 for Articles Status
Mailing Address: New Filing Section Division of Corporations Street Address: New Filing Section Division of Corporations

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

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: Darry Green Enterprise Tree (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a DTR Home Repair, UC. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: DTR Home CEPAIR, 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.
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 MAR 15 AM II: 05

Signed this	
Signature of Authorized Representative of Limited Diability Company	
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Day 1 To 16, 11, 10, 11, 11, 11, 11, 11, 11, 11, 11	T.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: MCC- Printed Name: This This This Title: Title: Title: MANAGEN Signature:	
Printed Name: TONTE TIME TITLE: COTOS. ACET MANAGEN	- ,
Signature:	
Printed Name: Title:	
Signature:	
Signature: Printed Name:Title:	
Signature: Title: Title:	
Signature: Printed Name: Title:	
Signature: Title: 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	

\$125.00

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

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	· · · · · · · · · · · · · · · · · · ·	
Must contain the words "Limited Liability"	EPAIR, LLC.	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
705 Deen Rd Bunnell Fr 32110	165 Deen RA Bunners 7 32110	12
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agen tered Agent. You must designate an ind	t's Signature: lividual or another
The name and the Florida street address of the r	registered agent are:	
Davry T. Name	Rippey	
105 De	en Pd	
Florida street address (P.O.	Box NOT acceptable)	
_ Kinney	FL 32110	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and domplete p accept the obligations of my position as regi	this certificate, I hereby accep ty. I further agree to comply w erformance of my duties, and i	ot the appointment as with the provisions of al
Registered Agent's Signs	ature (REQUIRED)	20 FAI
(CONTINU	, , ,	PILE D

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
1NG-12./	1)arry 1 Cippu
	105 Den 12l
	Bunned 72 3240
Use attachment if necessary)	
Use attachment if necessary)	
••	
••	
••	
••	
••	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	authorized representative of a week
EQUIRED SIGNATURE: Signature of a member or an This document is executed in accordance with	authorized representative of a member
Signature of a member or an This document is executed in accordance with any false information submitted in a document	h section 605 0203 (1) (b) Florida Stratage T
Signature of a member or an This document is executed in accordance wit any false information submitted in a document as provided for in s.817.155, F.S.	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that to the Department of State constitutes a third degree felor Pippay Tor printed name of signee

ARTICLE IV-

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)