# L21000188555

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

Office Use Only



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94/29/21--01008--030 \*\*150.00

2021 in 129 PH

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DEWYER LLC		· · · · · · · · · · · · · · · · · · ·	]	
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		<u></u>	1	
	<del>-</del>		<b> </b>	Art of Inc. File
			ļ —	LTD Partnership File
				Foreign Corp. File
				L.C. File
			<u> </u>	Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<u> </u>	Corp Record Search
			<del></del>	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	_ <b></b>	<del>-</del>		Driving Record
Requested by: SETH	04/27/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
W. 11 *				UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

#### **COVER LETTER**

TO:	New Filing S Division of G	Section Corporations			
SUBJ	ECT: DEWY	ER LLC			
		(Name of Re	sulting Florida Lin	nited Co	mpany)
The en	nclosed Article css Entity" int	es of Conversion, Artio o a "Florida Limited L	cles of Organiza iability Compar	tion, ai 1y" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
		respondence concernir			
ERIC	P. GROS-DUB	DIS, ESQ.			
<u> </u>		(Contact Person)		_	
EPGD	ATTORNEYS	AT LAW, PA			
		(Firm/Company)			
777 S\	₩37TH AVENL	JE, SUITE 510			
_	_	(Address)		_	
МІАМІ	FL 33135				
	(	City, State and Zip Code)		-	
ERIC@	PEPGDLAW.CO	MC			
E-m	ail Address: (to b	e used for future annual re	port notifications)	_	
For fur	ther informati	on concerning this ma	tter, please call		
	epgdlaw.com	Ū			6787
	(Name of Conta	ect Person)	(Arca Code	_ <i>)</i> ) (Day	rtime Telephone Number)
Enclos dollars	ed is a check f and drawn on	or the following amou a bank located in the	ınt: (All checks i		sed by this office must be payable in US
\$25 for & \$125	.00 Filing Fees Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of CALIFORNIA  (Enter state, or if a non-U.S. entity, the name of the country)
Ub/26/2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  DEWYER 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 27 day of APRIL	20_21
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
	Title: MANAGING MEMBER
Signature: Signature:	
Printed Name: HARLEY GUSMAN	Title: MANAGING MEMBER
Signature: STACI KURNIT	
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature:	
· · · · · · · · · · · · · · · · · · ·	Fitte:
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature 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)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEWYER LLC			
(Must contain the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	<del></del>	<del></del>
ARTICLE II - Address:			
The mailing address and street address	s of the principal office of the Limit	ed Liabilit	v Company is:
Principal Office Address:	Mailing Address:		, <i></i>
12585 SW 69 AVE	12585 \$W 69 Ave		
Miami FL	Miami, FL	<del></del>	
33156	33156		<del></del>
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	,	Undividual of	
The name and the Florida street addres	ss of the registered agent are:	:	1707
EPGD ATTORNEYS	S AT LAW, P.A.	!	7. · · · · · · · · · · · · · · · · · · ·
	Name	-	29
777 SW 37TH AVE	NUE, SUITE 510	ŕ	<u></u>
Florida street add	ress (P.O. Box NOT acceptable)	-	<del></del>
MIAM		1	
	FL 33135		40

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)

A	RT	101	17	137
A	KI.	K.I	, H.	IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	HARLEY GUSMAN
	12585 SW 69 AVE
	Miami FL 33156
MGR	STACI KURNIT
	3035 Orange Street
	Miami FL 33133
(Heaptrohmans 'C	
(Use attachment II necessary)	
(Use attachment if necessary)  **LE V: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Harley Gusman	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree feld
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Harley Gusman	ment to the Department of State constitutes a third degree feld need or printed name of signee
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.  Harley Gusman  Typ	with section 605.0203 (1) (b), Florida Statutes. I am aware the to the Department of State constitutes a third degree feld