# L21000188607

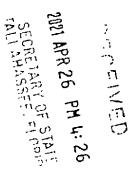
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer
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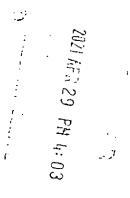
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#### 12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	E) (DC	OCUMENT #)
2. (CORPORATE NAME	E) (DC	DCUMENT#)
3. (CORPORATE NAME	()	OCUMENT#)
☐ Walk-In X	Pick up time: La Certified Copy	☐ Certificate Of Status
		Certificate Of Status
☐ Walk-in X :  New Filings  Profit	Pick up time: Certified Copy    Amendments   Amendm	Other Filings
New Filings	Amendments	
New Filings Profit	Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments   Amendments   Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials

## Articles of Conversion

For

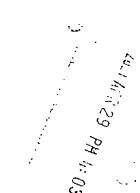
#### "Other Business Entity"

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:  DANIEL R. BARON INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION  (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 FLORIDA 2180000 7278  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
01/23/2018
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DANIEL R. BARON 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 21	day of APRIL	20 <u></u>
Signature of Authori	zed Representative of Li	nited Liability Company:
Signature of Authorize Printed Name: DANIEL	ed Representative: R. BARON	Title AMBR
	of Other Business Entity	[See below for required signature(s)]
Signature: DANIEL	F/ BARON	Title: P
S:		
Printed Name:		Title:
Signature:Printed Name:		Title:
Signature:Printed Name:		Title:
Signature: Printed Name:		Title:
Signature: Printed Name:		Title:
If Florida Corporation Signature of Chairma: If Directors or Officer	on: 1, Vice Chairman, Director, 5 have not been selected, an	or Officer. Incorporator must sign,
If Florida General P. Signature of one Gene	artnership or Limited Lia eral Partner.	bility Partnership:
If Florida Limited P. Signatures of ALL Go	artnership or Limited Lia eneral Partners.	bility Limited Partnership:

All others:
Signature of an authorized person.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:			
DANIEL R. BARON LLC	ted Liability Company, "L.L.C" or "LLC.")			
(Musi contain the words Entitle	led Elabinity Company. E.E.C., or GEC. )			
ARTICLE II - Address:	and the accident and a Commandate of the Administration	r ishiika Caasaasia		
The mailing address and street address of	of the principal office of the Limited	Liability Company is:		
Principal Office Address:	Mailing Address:	Mailing Address:		
16680 S POST RD				
APT 302	SAME	SAME		
WESTON, FL 33331				
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an ir	ndividual or another		
The name and the Florida street address	of the registered agent are:	ייירר קקון		
R&P ACCOUNTING	& TAXES, INC			
	Name	ייירר ייי		
150 SE 2ND AVE ST	E 404			
Florida street addre	ess (P.O. Box NOT acceptable)			
MIAMI	FL <sup>33131</sup>	PH 1: 03		
City	Zip	~		
registered agent and agree to act in th statutes relating to the proper and co accept the obligations of my position	gnated in this certificate, I hereby acc	ept the appointment as with the provisions of a d I am familiar with and		

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	DANIEL R. BARON
	16680 S POST RD APT 302 WESTON, FL 33331
<del></del>	
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	J Wwi
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware that timent to the Department of State constitutes a third degree felony
DANIEL R. BARON	ped or printed name of signee

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

ARTICLE IV-