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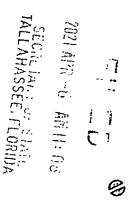
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(Add	ress)	
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(City	/State/Zip/Phone	e #)
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Office Use Only



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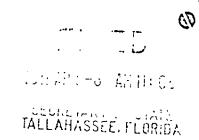
COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DAXCON INDUSTRIES LLC		
	esulting Florida Limi	red Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	-	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:	
DANIEL O'NEILL		
(Contact Person)		•
DAXCON INDUSTRIES LLC		
(Firm/Company)		•
114 S VILLAGE WAY		
(Address)		
JUPITER, FL 33458		
(City, State and Zip Code)		
DAN@DAXCONINDUSTRIES.COM		
E-mail Address: (to be used for future annual)	report notifications)	•
For further information concerning this m	atter, please call:	
DANIEL O'NEILL	at (<u></u> 973	652-1564
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	·	rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$\$155.00 Filing Fees and Certificate of Status	☐\$180,00 Filing and Certified Cop	• • • • • • • • • • • • • • • • • • •
Mailing Address:		Street Address:
New Filing Section	New Filing Section	
Division of Corporations		Division of Corporations The Contract Tallahamas
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 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: DAXCON INDUSTRIES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
MAY 23,2017
MAY 23,2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DAXCON INDUSTRIES 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 31	day of MARCH	20 Z1
-	rized Representative of Lim	
Signature of Authori	zed Representative:	dela D
Printed Name: DANIE	L O'NEILL	Title: OWNER & RESIDENT AGENT
Signature(s) on beha	alf of Other Business Entity:	[See below for required signature(s)]
0:	2 1/1/2 2	
Signature: //	LONEILI	Title: OWNER & RESIDENT AGENT
Printed Name: DANIE	LONCILL	Title: OWNER & RESIDENT AGENT
Signature:		
Printed Name:		
Signature:		Title:
Printed Name:		Title:
Ciamatana		
Drinted Name		Title:
rinted Name.		Time.
Signature:		
Printed Name:		Title:
0.		
Signature:		Title:
Printed Name:		Title:
If Florida Corporati	on:	
	n. Vice Chairman, Director, or	Officer.
	rs have not been selected, an In	
	artnership or Limited Liabili	ty Partnership:
Signature of one Gene	erai Partner.	
If Florida Limited P	artnership or Limited Liabili	ty Limited Partnershin:
Signatures of ALL G	eneral Partners.	.,,
All others:		
Signature of an author	rized person.	
Fees:		
Articles of Co	onversion:	\$25.00
	da Articles of Organization:	\$125.00
Certified Cop	-	\$30.00 (Optional)
Certificate of	-	\$5.00 (Optional)
		• • •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DAXCON INDUSTRIES LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
114 S VILLAGE WAY	114 S VILLAGE WAY
JUPITER FL 33458	JUPITER FL 33458
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 registered address of the registered address.	ered Agent. You must designate an individual or another
DANIEL O'NEILL	
Name Name	
114 S VILLAGE WAY	
Florida street address (P.O.	Box NOT acceptable)
JUPITER	FL ³³⁴⁵⁸
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)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	DANIEL O'NEILL		
	114 S VILLAGE WAY		
	JUPITER FL 33458		
			
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(Use attachment if necessary)	Trunking Co		
(One accomment it fleetham)	<i>Y</i> *		
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TOBE V. Other provisions, it dry.			
<u>REQUIRED</u> SIGNATURE:			
	2		
12con			

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.

DANIEL O'NEILL

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)