# L21000281691

	Requestor's Name)
	Address)
( <i>A</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only



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2021 JUN 16 AM 9: 56

RECEIVED

1, 1/2

### Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/15/2021	
	**WALK II
ENTITY NAME DCL	H & I, LLC
DOCUMENT NUMBI	ER
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTIN NUMBER OF CERTIFIC	
TOTAL OWED \$ 150	00 ACCOUNT # 120160000072 4: C
Please call Tina at	the above number for any issues or concerns. Thank you so much!

### **COVER LETTER**

TO:	New Filing Se Division of C				
SUBJ	TECT: DCL H &	•			
000			ulting Florida Lin	mited Con	npany)
			_	-	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to	<b>)</b> :	
Rebe	cca Saferstein, S	r. Paralegal			
	- <del>-</del>	(Contact Person)			
Amal	Golden Gregory	LLP			
		(Firm/Company)			
171 1	7th Street, NW, S	Suite 2100			
	····	(Address)			
Atlant	a, GA 30363				
	((	City, State and Zip Code)			
E-1	nail Address: (to b	e used for future annual re	port notifications	)	
For fi	ırther informati	on concerning this ma	tter, please cal	1:	
Rebe	cca Saferstein		at ( 404	870-	5604
	(Name of Conta	ct Person)	(Area Co	de) (Day	5604 ytime Telephone Number)
		or the following amou a bank located in the			sed by this office must be payable in US
(\$25 fc & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C	v	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divis: The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

FILED
2021 JUN 16 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE, FL

## 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:  DCL H & I, 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.
(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)
12/11/2020
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DCL H & I, 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.)
<u>Note:</u> 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 day of	_ 20 <u>21</u> .				
Signature of Authorized Representative of Limit					
Signature of Authorized Representative: Printed Name: Dennis C. Liotta	Title: Manager				
Signature(s) on hehalf of Other Business Entity: [See below for required signature(s)]					
Signature: Stand Collete Printed Name: Draais E. Watto	Title: Marage				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Cimana					
Signature:Printed Name:					
Signature: Printed Name:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida Corporation:					
Signature of Chairman, Vice Chairman, Director, or					
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
DCL H & I, ELC		
(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 Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
1119 Ponte Vedra Blvd.	1119 Ponte Vedra Blvd.	
Ponte Vedra Beach, Florida 32082	Ponte Vedra Beach, Florida 32082	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an individual o	
Dennis C. Liotta		
Nam	е	
1119 Ponte Vedra Blvd.		E SI S
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	S6 FL
Ponte Vegra Beach	F1. 32082	LII .
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 [

(CONTINUED)

#### ARTICLE IV-

as provided for in \$.817.155, F.S.

Dennis C. Liotta

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 MGR	Dennis C. Liotta	
	1119 Ponte Vedra Blvd.	
	Ponte Vedra Beach, Florida 32082	
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(Use attachment if necessary)	+ <del>1</del>	9: 57
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ARTICLE V: Other provisions, if any.		
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REQUIRED SIGNATURE:	$\mathcal{L}$	
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_ Dennis	( noting	
	A	
Signature of a member or :	an authorized representative of a member	

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)

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