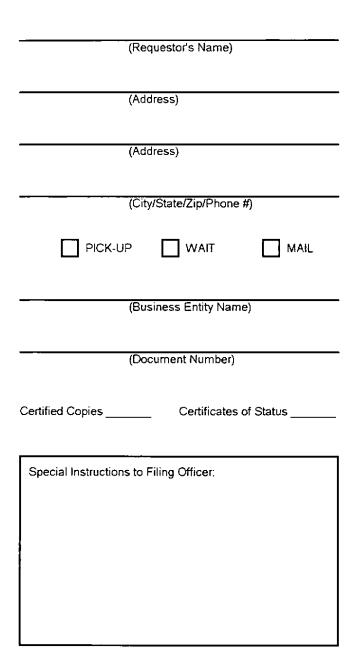
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Office Use Only



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OF - 150.00

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Day Adj	usting LLC			
		sulting Florida Lim	ited Co	mpany)
The enclosed Article Business Entity" into	es of Conversion, Artic o a "Florida Limited L	les of Organiza iability Compan	tion, an	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernir	g this matter to:		
Timothy Blake Day				
Day Adjusting LLC	(Contact Person)		-	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		_	
405 Fifth Avenue S, S	uite 7			
	(Address)		_	
Naples, FL 34102				
(1	City, State and Zip Code)		_	
contact@dayadjusting	.com			
E-mail Address: (to b	e used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call:		
Anna Williams		_at (<u>855</u>	,729-	0838
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks _l United States)	oroces:	sed 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 Co.		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

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: Day Adjusting LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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)
04/06/2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Day Adjusting 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 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.

M19000006782

Signed this 12th day of August	_ 20_2
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	2_
Signature of Authorized Representative:(V	Title: Owner
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: ADe	
Signature: Printed Name: Timothy Blake Day	Title: Owner
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Claridy Comment Department in and Series I Series	4 . D. 4
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnersnip:
organization of other deficient, white:	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
γ	
Fees:	
Articles of Conversion:	\$25.00 / /
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional) /
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Day Adjusting	LLC		
		iability Company, "L.L.C.," or "LLC.")	-
ARTICLE II The mailing a		ne principal office of the Limited Liability C	Company is:
Principal Of	fice Address:	Mailing Address:	
405 Fifth Aven	ue South	405 Fifth Avenue South	
Suite 7		Suite 7	_
Naples, FL 34	102	Naples, FL 34102	-
	ith an active Florida registration.)	Registered Agent. You must designate an individual or and	other
	ith an active Florida registration.) I the Florida street address of Timothy Blake Day		other
	I the Florida street address of Timothy Blake Day		other
	I the Florida street address of Timothy Blake Day	the registered agent are:	other
	Timothy Blake Day 405 Fifth Avenue South,	the registered agent are:	other
	Timothy Blake Day 405 Fifth Avenue South,	the registered agent are: Name Suite 7	other
	Timothy Blake Day 405 Fifth Avenue South, Florida street address	the registered agent are: Name Suite 7 (P.O. Box NOT acceptable)	other

(CONTINUED)



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

"AMBR" = Authorized Member	
"MGR" = Manager MGR	Timothy Blake Day
MOIC	405 Fifth Avenue South, Suite 7
	Naples, FL 34102
	14apies, 1 E 04102
	
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(Ose attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document and submitted in a document is executed.	ce with section 605.0203 (1) (b), Florida Statutes, I am aware the
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the turnent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817,155, F.S.	ce with section 605.0203 (1) (b), Florida Statutes. I am aware the turnent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S.	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware the tument to the Department of State constitutes a third degree felocyped or printed name of signee Filing Fees

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)