# L21000400354

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial mediations to vining officer.

Office Use Only



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9/10/21



# **COVER LETTER**

TO:	New Filing S Division of C					
SURJ	ECT: DCR Ser	vices, LLC				
D C D G			sulting Florida Li	mited Cor	mpany)	
					nd fees are submitted to conceordance with s. 605.10	
Please	e return all corr	espondence concernin	g this matter to	<b>)</b> :		
Dale (	C Rossman					
		(Contact Person)				
DCR S	Services, LLC					
		(Firm/Company)				
6977 I	Hayter Drive					
		(Address)				
Lakela	and, Florida 338	13				
	(	City, State and Zip Code)	-			
drossr	man930@gmail.d	com				
E-r	nail Address: (to b	e used for future annual re	port notifications	)		
For fu	irther informati	on concerning this ma	tter, please cal	1:		
Dale F	Rossman		_at ( <u>863</u>	<sub>\</sub> 640-	2528	
	(Name of Conta	et Person)	(Area Co	de) (Day	ytime Telephone Number)	
		for the following amou a bank located in the			sed by this office must be	payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	☐S155.00 Filing Fees and Certificate of Status	□\$180.00 Fill and Certified C		☐\$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 Divis The ( 2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303	:: :: :: ::: :: :: :: :: :: :: :: :: ::

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: DCR Services, 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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)  11/01/2000
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  DCR Services, 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 25th day of August	20 <u>71</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Dale C Rossman	Title: MGR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
,	
Signature: 1) 2 (25.5) Printed Name: Dale C Rossman	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
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 In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Settiniana or Manight.	45.00 (Optional)

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# NY

ARTICLE I - Nam	ie:	
The name of the Lin	nited Liability Company	is:
DCR Services, LLC		
(Mus	t contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		e principal office of the Limited Liability Company
Principal Office A	ddress:	Mailing Address:
6977 Hayter Drive		PO Box 297
Lakeland, Florida 33	813	Mulberry, Florida 33860
ARTICLE III - Re	egistered Agent, Registe	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
(The Limited Liability Conbusiness entity with an action The name and the F	ctive Florida registration.) lorida street address of the	
(The Limited Liability Conbusiness entity with an action The name and the F	ctive Florida registration.) Clorida street address of the Dale C Rossman	he registered agent are:
(The Limited Liability Conbusiness entity with an action The name and the F	ctive Florida registration.)  lorida street address of the Dale C Rossman  No. 6977 Hayter Drive	he registered agent are:
(The Limited Liability Conbusiness entity with an action The name and the F	Citive Florida registration.)  Clorida street address of the Dale C Rossman  No. 6977 Hayter Drive  Florida street address (1)	he registered agent are:  ame  P.O. Box NOT acceptable)
(The Limited Liability Conbusiness entity with an action The name and the F	ctive Florida registration.)  lorida street address of the Dale C Rossman  No. 6977 Hayter Drive	he registered agent are:

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..

A	RTI	E I	W
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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	Dale C Rossman
	6977 Hayter Drive
	Lakeland, Florida 33813
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)  LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a docu	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am awar
REQUIRED SIGNATURE:  Signature of a member or 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 award ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or 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 award ment to the Department of State constitutes a third degree
REQUIRED SIGNATURE:  Signature of a member or 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 awar

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