# L21000447278

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
☐ PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing C	officer:





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## COVER LETTER

TO: New Filing S Division of C				!
SUBJECT: DTBE L	LC			
	(Name of Res	ulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Ilya Zlatkin				
	(Contact Person)			
Zlatkin Wong LLP				
	(Firm/Company)			
4245 N Knox Ave				
	(Address)			
Chicago, IL 60641				
(6	City, State and Zip Code)			
ilya@zlatkinwong.com	1			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Ilya Zlatkin	_	_at ( 312	、809-	8022
(Name of Conta	ect Person)	(Area Code)	(Day	rtime Telephone Number)
	or the following amou a bank located in the	_	roces	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 Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree	t Address:
New Filing S	ection			Filing Section
Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee
1 AV. DUN 034	· *		THE	senine of Tananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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 DTBE LLC	s of Convers	ion is:
(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		
(Enter entity type. Example: corporation, limited partnership, general partnership, common	law or busines	s trust, etc.)
First organized, formed or incorporated under the laws of Delaware (Enter state, or if a non-U.S. entity, the n	name of the cou	 entry)
April 6, 2020 on .		
(date of organization, formation or incorporation)		
<ol> <li>The name of the Florida Limited Liability Company as set forth in the attached Artic DTBE LLC</li> </ol>	les of Organ	rization:
(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 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 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.		
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	il rights the a	10CT 12 FF
	-	\$

\$5.00 (Optional)

Certificate of Status:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I The name of t	- Name: the Limited Liability Com	pany is:
DTBE LLC		
	(Must contain the words "Limit	ted Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II The mailing ac		of the principal office of the Limited Liability Company is:
Principal Offi	ice Address:	Mailing Address:
8643 Torrey Isl	es Terrace	8643 Torrey Isles Terrace
Boca Raton FL		Boca Raton FL 33496
The name and t	he Florida street address Erica Eckman	of the registered agent are:  Name
	8643 Torrey Isles Terr	race
		ss (P.O. Box NOT acceptable)
	Boca Raton	FL 33496 Zip
	City	Zip
liability con registered ager statutes relati	npany at the place design nt and agree to act in this ing to the proper and con obligations of my position	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 605, F.S
	. (CO	NTINUED)

Scanned with CamScanner

Title:	Name and Address:
"AMBR" = Authorized Member .	
"MGR" = Manager	
MGR	Erica Eckman
·	8643 Torrey Isles Terrace
	Boca Raton FL 33496
MGR	Robert A. Parrish
MOIN	2181 NE 28th Avenue
	Pompano Beach FL 33062
·	
Use attachment if necessary)	
	,
E V: Other provisions, if any.	
	·
<u> </u>	
COUDED SIGNATURE.	
EQUIRED SIGNATURE:	
Euca au	
auck tot	
Signature of a member or a	an authorized representative of a member
his document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am a nent to the Department of State constitutes a third deg
s provided for in s.817.155, F.S.	ion to the Department of State constitutes a unit deg
Erica Eckman	
	ed or printed name of signee
Тур	ed of printed fidine of signer

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