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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

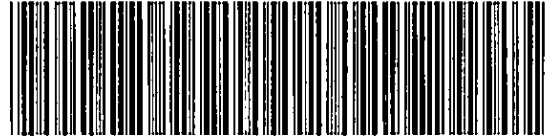
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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12/15/21 -- 10019--337 -- \$185.00

2021 ELEC FILING

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WALTER H. JONES JR.  
MARK L. CHILDERS  
KEVIN C. DONALDSON  
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ALAN W. GUFFY\*  
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TYLER A. DIEKHIMUS\*\*



JONES CHILDERS DONALDSON WEBB  
attorneys at law

OF COUNSEL  
EUSTACE M. TURNER HORTON\*

\*also admitted in South Carolina  
\*\*also admitted in New Jersey

December 13, 2021

**VIA FEDERAL EXPRESS OVERNIGHT DELIVERY TO:**

Florida Department of State  
Attn: New Filing Section – Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: LMCD LLC**

Dear Sir or Madam:

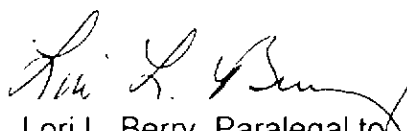
You will please find enclosed two copies of the following documents for the above-referenced limited liability company:

1. Division of Corporations Cover Letter;
2. Articles of Conversion to convert the NC LLC into a Florida LLC;
3. Articles of Organization for Florida LLC; and
4. A check in the amount of \$185.00 in in payment of your filing and certification fees.

Please file these documents as requested and forward the certified copies and Certificate of Status to our office via e-mail to the undersigned at: LORIBERRY@JCDWLAW.COM. A prepaid return FedEx overnight envelope is also enclosed for your convenience for the return of the original documents.

Thank you for your assistance in this matter. Please do not hesitate to contact our office at (704) 664-1127 with any questions or issues regarding this filing request.

Sincerely,  
**JONES, CHILDERS, DONALDSON & WEBB, PLLC**

  
Lori L. Berry, Paralegal to  
Kevin C. Donaldson

/lb  
Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LMCD LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Kevin C. Donaldson

(Contact Person)

Jones, Childers, Donaldson & Webb, PLLC

(Firm/Company)

PO Box 3010

(Address)

Mooresville, NC 28117

(City, State and Zip Code)

kevindonaldson@jcdwlaw.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lori Berry

at ( 704 ) 664-1127

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☒ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
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:  
LMCD 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 North Carolina  
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/7/2020  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
LMCD 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.

2021 DEC 13 11:06 AM

Signed this 9th day of December 20 21

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Kevin C. Donaldson  
Printed Name: Kevin C. Donaldson Title: Organizer

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: A. David Glasser  
Printed Name: ECBIA LLC, by A. David Glasser Title: Manager

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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 Officer.  
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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2021 DEC 13 PM 5:45

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LMCD LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

1180 SW 36th Ave., Suite 102  
Pompano Beach, FL 33069

#### Mailing Address:

7901 4th St N, Ste 4000  
St. Petersburg, FL 33702

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agents Inc.

Name

7901 4th St N, Ste 300

Florida street address (P.O. Box **NOT** acceptable)

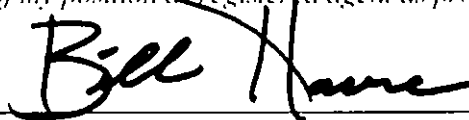
St. Petersburg

FL 33702

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

ECBIA LLC

19 TULIP LANE

RANDOLPH, NJ 07869

(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

**REQUIRED SIGNATURE:**



**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.

A. David Glasser, MANAGER OF MEMBER ECBIA LLC

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)**

2021 DEC 10 PM 5:15