# L22000130505

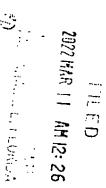
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
pt
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	New Filing S Division of C					
SHD		ND ASSOCIATES LLC				
SUB	JEC1	(Name of Res	sulting Florida Lii	nited Con	npany)	<del></del>
		s of Conversion, Artic o a "Florida Limited L				ed to convert an "Other 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to	<b>)</b> ;		
MAU	RICE CARTER					
		(Contact Person)				
JDM0	C AND ASSOCIA	TES INC				2.P* <b>6</b>
		(Firm/Company)		_		च स
630 N	N WYMORE RD S					7
	· · · · · ·	(Address)	<u></u> -	_		
MAIT	LAND, FL 32751					2022 HAR 11 AM 12: 26
	(	City, State and Zip Code)		_		55
MCR	EACHME@GMA	IL.COM				2
E-	mail Address: (to )	e used for future annual re	port notifications	)		5
For f	urther informati	on concerning this ma	tter, please cal	l:		,
MAU	RICE CARTER		at ( <u></u>	) <sup>456-2</sup>	2737	
	(Name of Conta	act Person)	(Area Coo	de) (Day	ytime Telephone Numb	Der)
		for the following amou a a bank located in the			sed by this office m	nust be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fe Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Torporations 27		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahasse N. Monroe Street.	ee

Tallahassee, FL 32303

## **Articles of Conversion**

For

### "Other Business Entity"

Into

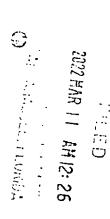
#### Florida Limited Liability Company

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: JDMC AND ASSOCIATES INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (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)
02/07/2022 on
02/07/2022 on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JDMC AND ASSOCIATES LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 03/01/2022
(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

P22000012412

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 1ST day of MARCH	<sub>20</sub> 22			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Maurice Carter	Title: GENERAL PARTNER	_		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)			
Signature: Printed Name: JOHN DONOHUE	Title: GENERAL PARTNER	- -		
Signature:Printed Name:	Title:	_		
Signature:Printed Name:				
Signature:Printed Name:	Title:	<b>-</b> -		
Signature:Printed Name:	Title:	_		
Signature:Printed Name:				
	Title:	_		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	/m ©/		
All others: Signature of an authorized person.		ž: 15	2022 HAR 1	•
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)	TrompA	AM 12: 26	Ü

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
JDMC AND ASSOCIATES LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limite	ed Liability Company is:
Date win at 1960 and Addresses	Madding Addings.	
Principal Office Address:	Mailing Address:	
630 N WYMORE RD STE 360	630 N WYMORE RD STE	360
MAITLAND FL 32751	MAITLAND FL 32751	
ARTICLE III - Registered Agent, Registere	d Office & Pagistared Au	ant's Signaturo
(The Limited Liability Company cannot serve as its own Regi		
business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
LASHANDA OVINCE		
Nan	ne	
630 N WYMORE RD STE 36	60	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	
MAITLAND	FL <sup>32751</sup>	
City	Zip	
	•	
Having been named as registered agent and liability company at the place designated i		
registered agent and agree to act in this capa		
statutes relating to the proper and complete		
accept the obligations of my position as re	egistered agent as provided f	or in Chapter 605, F.S
J // //	$\bigcap$ .	
Kuslula		NET.
Registered Agent's Sig	enature (REOUIRED)	₩
	,	2022 HAR 1
(CONTIN	NUED)	
		<b>A</b> ₩
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		26

#### ARTICLE IV-

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

Name and Address:		
MAURICE M CARTER		
839 MCULLOUGH AVE #214		
ORLANDO FL 32803		
JOHN K DONOHUE JR		
229 ALEXANDER PL		<del></del>
WINTER PARK FL 32789		<u> </u>
		<del></del>
<del></del>		20/2 HAR
		-115. 
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	<u> </u>	<del></del>
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	:	
	MAURICE M CARTER 839 MCULLOUGH AVE #214 ORLANDO FL 32803  JOHN K DONOHUE JR 229 ALEXANDER PL	MAURICE M CARTER  839 MCULLOUGH AVE #214  ORLANDO FL 32803  JOHN K DONOHUE JR  229 ALEXANDER PL  WINTER PARK FL 32789

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.

MAURICE CARTER

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)