

L22000189666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

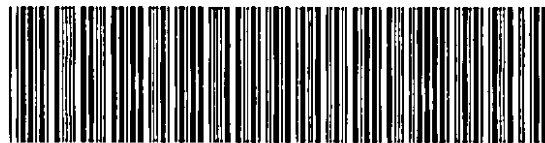
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500383619245

03/14/22--01033--013 **137.50

05/06/22--01004--008 **17.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -6 AM 7:57

FILED

D. O'KEEFE

MAY 10 2022

D. O'KEEFE

MAY 10 2022

W22-45050



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2022

DMNY INC.
17555 COLLINS AVENUE APT. 2703
SUNNY ISLES BEACH, FL 33160

SUBJECT: DMNY INC.
Ref. Number: W22000045059

We have received your document for DMNY INC. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 922A00007930

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JEFFERY HATCH 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:

Max Basen
(Contact Person)

JEFFERY HATCH LLC
(Firm/Company)

17555 COLLINS AVENUE UNIT 2703
(Address)

SUNNY ISLES BEACH, FL 33160
(City, State and Zip Code)

RESA.DIMX@GMAIL.COM
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

MAX BASEN at (646) 373-9970
(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
Tallahassee, FL 32303

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2022 MAY -6 AM 7:57
SECOND PARTY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2022 APR 25 PM 4:28
DIVISION OF CORPORATIONS
AND CERTIFICATES
TALLAHASSEE, FLORIDA

CHECK
ALREADY RECEIVED BY
DIVISION OF CORPORATIONS
(SEE LETTER ENCLOSED) - DIFF FOR

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:

DMNY 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 THE STATE OF NEW YORK
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/23/2010
(date of organization, formation or incorporation)

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

DMNY LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: DATE OF FILING
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 19 day of APRIL 2022.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: DENNIS BRSON Title: MANAGING DIRECTOR

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

Signature: [Signature]
Printed Name: MAX BRSON Title: PRESIDENT

Signature: [Signature]
Printed Name: DENNIS BRSON Title: MANAGING DIRECTOR

Signature: [Signature]
Printed Name: RESA BRSON Title: TREASURER

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)

\$155 - \$137.50 PAID (SEE LETT)
= \$17.50 ENCLOSED

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DMNY 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:

Mailing Address: (SAME)

17555 COLLINS AVENUE UNIT 2703
SUNNY ISLES BEACH, FLORIDA
33160

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.)

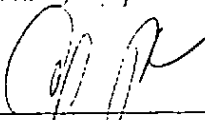
The name and the Florida street address of the registered agent are:

MAX BASON
Name

17555 COLLINS AVENUE UNIT 2703
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES FL. 33160
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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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

AUTHORIZED
MEMBER

Name and Address:

MAX BASON
17555 COLLINS AVE. UNIT 2703
SUNNY ISLES BEACH, FL
33160

RESA BASON
17555 COLLINS AVE. UNIT 2703
SUNNY ISLES BEACH, FL
33160

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

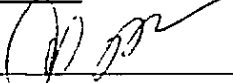
NOT APPLICABLE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY - 6 AM 7:58

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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.

MAX BASON

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)

\$130.00