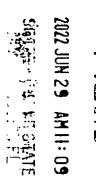


(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



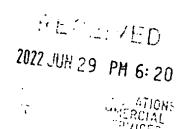
04/27/22--01008--013 ++155.00





COVER LETTER

TO:	New Filing Se Division of C				
SHR	JECT:	D.T.M.P. TRUCKI	NG, INC.		
5015	,		sulting Florida Li	mited Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to	o:	
DEV	ON THOMAS				
		(Contact Person)			
D.T.N	M.P. TRUCKING				
		(Firm/Company)			
3325	31st St. W				
		(Address)			
LEHI	GH ACRES , FL (33971			
	((City, State and Zip Code)			
dtmp	trucking@gmail.c	om			
13-	mail Address: (to b	e used for future annual re	port notifications	;)	
For f	urther informati	on concerning this ma	tter, please cal	1 :	
Andre	ea Thomas		_at (²³⁹)810-	3175
	(Name of Conta	ict Person)	(Area Co	de) (Day	rtime Telephone Number)
		or the following amou a bank located in the	,	•	sed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	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 forporations 7		New Divis The O	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303



May 23, 2022

DEVON THOMAS 3325 31ST ST W LEHIGH ACRES, FL 33971

SUBJECT: D.T.M.P. TRUCKING, INC.

Ref. Number: W22000067460

We have received your document for D.T.M.P. TRUCKING, INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 822A00011690

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

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.

(Emer 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.
First organized, formed or incorporated under the laws of	
06/15/2015	
on	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
D.T.M.P. TRUCKING, 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	to
2 202	

Signed this 20th day of APRIL	20_
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: 1 THOMAS Printed Name: DEVON THOMAS	Title: PRESIDENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
() thomas	• • • • • • • • • • • • • • • • • • • •
Signature: 1 TCM(15) Printed Name: DEVOY THOMAS	
Printed Name: Die York / HOHAS	_ Title: _ PRESIDEM T
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signatura	
Signature:Printed Name:	Title:
Third Page 1	
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 Partnarching
Signature of one General Partner.	ty tartiffsing.
<u>lf Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of ALL General Partners.	
All others	
All others: Signature of an authorized person.	
organicate of an authorities 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
D.T.M.P. TRUC	KING LLC.
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:

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:

ARTICLE I - Name:

DEVON R. T	HOHAS
Name	
3325 31 ST. W	
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
LEHIGH ALRES	FL 33971
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)

tromas

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	2 -
AMBR	DEVON THOMAS 3325 31 ^{ET} ST. W LEHIGH ACRES FL 33971
	ZZ JUN Z
	244. 3 0.5
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
(1) Troma	u S

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.

DEVON THOMAS

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)