

(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:			

Office Use Only

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T. SCOTT

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CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL 19 AM 2: 10



February 14, 2022

DANIEL MASLOWSKI 15937 CLEAR SKIES PL LAKEWOOD RANCH, FL 34211

SUBJECT: DKA TRUCKING LLC Ref. Number: W22000017614

We have received your document for DKA TRUCKING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list date business started on line 2 in Missouri,

Please return the corrected original and one copy of 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: 722A00003570

Tyrone Scott
Regulatory Specialist II
New Filings Section

COVER LETTER

TO:	New Filing S Division of C			
SUBJ	ECT:	DKA	Jnuclaula sulting Florida Limited	,LLC
		(Name of Re	sulting Florida Limited	Company)
			-	, and fees are submitted to convert an "Other n accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernir	ng this matter to:	
	Danie	(Contact Person)	<u>k:</u>	
	DKA	Thucking i	LLC	
	15937	(Contact Person) Thucking i (Firm/Company) Clean Skie (Address)	es PL.	
Lak	ke wood	RCIACH FL City, State and Zip Code)	34211	
		Katnucking .e		
For fu	rther informati	on concerning this ma	atter, please call:	
<u>Da</u>	Name of Conta	asbuski act Person)	at (<u>4/3</u>)_(Area Code)	388 - 9176 Daytime Telephone Number)
		for the following amou		cessed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	es 2\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S	ection	N	reet Address: ew Filing Section
	Division of C	orpotations	1)	vision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

P.O. Box 6327

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.

Signed this 21 day of January	_202'	
Signature of Authorized Representative of Limi	ted Liability Com	ipany:
Signature of Authorized Representative: Le Printed Name: Daniel Maslowski	9/asi _Title:04.4	nev
Signature(s) on behalf of Other Business Entity:	See below for requ	uired signature(s)]
Signature: Ma. T		
Signature: Majowsk: Printed Name: Dayit Maslowsk:	Title:	Luly
Signatura		
Signature: Printed Name:	_ Title:	
Signature:Printed Name:	Title:	· · · · · · ·
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title	
rimeu Name.	_ Title	
Signature: Printed Name:	metal	
Printed Name:	_ Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		n.
,		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	v Partnership:	
Signature of one General Farther.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partner	<u>ship:</u>
All others: Signature of an authorized person.		
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))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Emitted Elability Company is.		
DIA TWO K	ina, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
15937 Club Skil. PL.	Same_	
ARTICLE III - Registered Agent, Registered	Office & Degistered Ag	ont's Signature
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-	gistered agent are:	
Daniel 1	(aslowski)	
Name		
15937 Clear Skics	Place	
Florida street address (P.O.	Box NOT acceptable)	
Lakerood Ranch City	FL 34211	
City	Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete performs accept the obligations of my position as regions.	this certificate. I hereby ac y. I further agree to comp orformance of my duties, a	cept the appointment as ly with the provisions of all nd I am familiar with and
Masi		
Registered Agent's Signa	ture (REQUIRED)	_ ~
(CONTINU	JED)	LACTE AND A CACHE FRANCHION OF CORTALLAHASSEE

	RT	F	IV_{-}
. 3	17. I	 	1 V -

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

Title: "AMDD" = Authorized Mombon	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR			
<u> </u>	Daniel Masbush. 15957 Clea Shils Place		
	Lakewood Routh, FL 3421		
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
——————————————————————————————————————			
· ·			
REQUIRED SIGNATURE:			
	7/a 5		
	an authorized representative of a member		
any false information submitted in a docur as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo		
	yel Maskowski		
Ty	ped or printed name of signee		
•	Filing Fees		

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)