L22000418449

<u>_</u>		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100393730961

68.18.22--31031--011 **185.1.

2022 SEP 13 PM 1: 41

D. O'KEEFE SEP 2 8 2022

COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: 100 an Services conversion to LL.C. (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:
Tohn Dolan (Contact Person) Dolan Scrutices (Firm/Company)
1206 CCIE Shore DE (Address)
ST Claus (F1 34771) (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 620-3127 (Area Code) (Daytime Telephone Number)
(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 & and Certificate of Status) Status ☐ \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status ☐ \$185.00 Filing Fees and Certified Copy Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Stantes

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles	s of Conversion is:
Dolan SELVICES (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>cocporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common	law or business trust, etc.)
First organized, formed or incorporated under the laws ofFlor: de	name of the country)
on ! 24 202 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
Dolon Services (Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 9-9-22. (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	al rights the amount to
	THE LET IN THE SALE AND ASSET OF THE SALE AND THE SALE AN

Signed this 8 th day of September	20_ 2 Z	
Signature of Authorized Representative of Limit	ited Liability Company:	
Signature of Authorized Representative:	In Novani Title: OUNEC	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
Signature: Ach Makes Printed Name: 10 h Dakes	_Title: _owner (chair_mx)	
Signature: Theresa M. Citay	Title: Registered ASENT	·
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 If Directors or Officers have not been selected, an In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	E I L 2022 SEP 13 3L VAL PAR
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	P
All others: Signature of an authorized person.		B PM 1:42
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:	
Dala Sacritica (1)	
Must contain the words "Limited Liability C	ompany "L.L.C." or "LLC")
(Max comain the volus shinted that may o	, , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	-
1200 CCK Shore Dr Sant Claud, Fla 34771	1200 Oak shore Dr
Sant Cloud FK	Sant Closel, Fla
<u>34771</u>	34771
ARTICLE III - Registered Agent, Registered O	Iffice. & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
<u> </u>	
The name and the Florida street address of the reg	istered agent are:
TICOTO M	Acres
<u> </u>	<u>rukky</u>
Name	
1200 DAK SHOP	= DR
1200 OAK SHORD Florida street address (P.O. B	ox NOT acceptable)
<u>.57. ĈLOUÛ</u> City	FL 3477/
City	Zip
Maning how would as sociationed arount and to a	agent coming of muccose for the above stated limited
	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as
	I further agree to comply with the provisions of all
	formance of my duties, and I am familiar with and
	vered agent as provided for in Chapter 605, F.S
	3 / J J F F F F F F F F F F F F F F F F F
//	C
Registered Agent's Signati	1 Curif 20 2
Registered Agent's Signati	are (REQØIRED)
(CANDENS II	SEP 13 P
(CONTINUE	.D)
	ATTAHASSEE F. FLORE

ARTICLE IV-

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

<u>—</u> —	
- G	
- F	

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.

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)