

L220000419435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

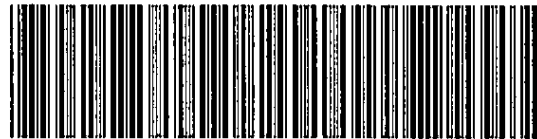
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** D C Marticke Investments 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:

Drew Marticke  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

4518 W. Swann Avenue  
(Address)

Tampa, FL 33609  
(City, State and Zip Code)

dmarticke@gmail.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Drew Marticke at ( 917 ) 860-2530  
(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)

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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 810  
Tallahassee, FL 32303

**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 § 605.045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
DC Marticke Investments LLC  
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (single member)  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Wisconsin  
(Enter state, or if a non-U.S. entity, the name of the country)

on 09/10/2018  
(date of organization, formation or incorporation)

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

DC Marticke Investments LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 09/10/2022 ASAP or 09/30/2022  
(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.

Signed this 28th day of September 2002.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Drew C. Marticke  
Printed Name: Drew C. Marticke Title: Managing Member

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

Signature: Drew C. Marticke  
Printed Name: Drew C. Marticke Title: Managing Member

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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STATE DEPARTMENT OF REVENUE

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**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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

D.C. Marticke Investments 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:

4518 W. Swann Avenue  
Tampa, FL  
33609

### Mailing Address:

4518 W. Swann Avenue  
Tampa, FL  
33609

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FALL HARBOR, OHIO

## 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:

Drew C. Marticke  
Name

4518 W. Swann Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33609  
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..*

Drew C. Marticke  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Drew C. Marticke  
4518 W. Swann Avenue  
Tampa, FL 33609

/

\_\_\_\_\_

/

\_\_\_\_\_

/

\_\_\_\_\_

(Use attachment if necessary)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V:** Other provisions, if any.

None

**REQUIRED SIGNATURE:**

Drew C. Marticke

**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.

Drew C. Marticke

Typed or printed name of signee

**Filing Fees**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

# Wisconsin Department of Financial Institutions

## Strengthening Wisconsin's Financial Future

Search for:  
marticke

Search Records

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### Corporate Records

Result of lookup for **D062587** (at 9/10/2022 12:04 PM )

## D C MARTICKE INVESTMENTS LLC

You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

### Vital Statistics

**Entity ID** D062587

**Registered Effective Date** 09/10/2018

**Period of Existence** PER

**Status** Organized [Request a Certificate of Status](#)

**Status Date** 09/10/2018

**Entity Type** Domestic Limited Liability Company

**Annual Report Requirements** Limited Liability Companies are required to file an Annual Report under s. 183.0120, WI Statutes.

### Addresses

**Registered Agent Office** DREW MARTICKE  
3150 W GRACE AVE  
MEQUON , WI 53092-2859

[File a Registered Agent/Office Update Form](#)

**Principal Office** 3150 W GRACE AVE  
MEQUON , WI 53092-2859

### Historical Information

#### Annual Reports

Year	Reel	Image	Filed By	Stored On
2021	000	0000	online	database
2020	000	0000	online	database
2019	000	0000	online	database

[File an Annual Report](#) - [Order a Document Copy](#)

**Certificates of Newly-elected Officers/Directors** None

**Old Names** None

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

9/10/22, 1:04 PM

**Chronology**

D C MARTINE INVESTMENTS LLC (D062587)

Effective Date	Transaction	Filed Date	Description
09/10/2018	Organized	09/14/2018	E-Form
09/03/2019	Change of Registered Agent	09/03/2019	OnlineForm 5

Order a Document Copy.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA