(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Speciał Instructions to Filing Officer:			
L ~ C-			
	Office Use On	ly TL	



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07/05/32--01003--022 **185.00

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Convert DEE FINANCIALSERVI	CES LLC Fictitious	Filing into FL LLC	
	sulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Articles usiness Entity" into a "Florida Limited L	-	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.	
Please return all correspondence concernir	g this matter to:		
Sandra Daley			
(Contact Person)			
DEE FINANCIALSERVICES LLC			
(Firm/Company)			
25602 Grandview Pointe			
(Address)			
Sorrento, FL 32776			
(City, State and Zip Code)			
sandraddaley@gmail.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma			
•	•		
Sandra Daley	at () <u>283-1681</u>	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amodollars and drawn on a bank located in the		rocessed by this office must be payable in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		
Mailing Address:		Street Address:	
New Filing Section		New Filing Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DEE FINANCIALSERVICES LLC	
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the Principal Office Address :	principal office of the Limited Liability Company Mailing Address:
-	, ,

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

business entity with an active Florida registration.)

Sandra Daley	
	Name
25602 Grandview Pointe	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Sorrento	FL 32776
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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Sandra Daley
	25602 Grandview Pointe
	Sorrento, FL 32776
MGR	Sandra Daley
	25602 Grandview Pointe
	Sorrento, FL 32776
	5575716,712 52770
ICLE V: Other provisions, if any. FINANCIALSERVICES LLC is an integrated	f blockchain-based, Artificial Intelligence (AI)
wered multi-utility financial platform, allowing	
ryptocurrencies in their day-to-day purchase	es
REQUIRED SIGNATURE:	
1	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, 1 am aware that
any false information submitted in a docum as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third degree felor
	<u> </u>
~ .	Dala
- Dandr	a Daley
	ped or printed name of signed

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)