# Laa000450363

(F	Requestor's Name)	
()	Address)	
(A	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(6	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to f	Filing Officer:	

Office Use Only



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S. CHATHAM
OCT 20 2022

SECRETARY OF SHALL BIVISION OF CONFORMAL PROPERTY OF CONFORMAL PROPERTY OF THE PROPERTY OF THE

2022 OC: 20 Fit 2: 46

#### **COVER LETTER**

Division of Cor				
SUBJECT: DJH Enterp	orises, LLC			
30131.01.	(Name of Res	ulting Florida Limite	ed Com	pany)
		_		d fees are submitted to convert an "Other reordance with s. 605.1045, F.S.
Please return all corresp	oondence concernin	g this matter to:		
Timothy E. Cloe				
	(Contact Person)			
DJH Enterprises, LLC				
	(Firm/Company)	<del></del>		
5020 Clark Road, #417				
	(Address)			
Sarasota, FL 34233				
(Cit	y. State and Zip Code)			
timcloe@comcast.net				
E-mail Address: (to be u	sed for future annual re	port notifications)		
For further information	concerning this ma	tter, please call:		
Timothy E. Cloe	C	•		
(Name of Contact	D	_at (	)	time Telephone Number)
(Name of Contact	rerson)	(Area Code)	(Day)	time Telephone Number)
Enclosed is a check for dollars and drawn on a			rocess	ed by this office must be payable in US
(\$25 for Conversion a	D\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		■\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Addres	<u>ss:</u>	<u> </u>	Street	Address:
New Filing Sect				filing Section
Division of Cor	porations			on of Corporations
P.O. Box 6327			THE C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### incserv

#### **ORDER FORM**

TO : Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE**) 10/20/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1081309

ORDER ENTITY
DJH ENTERPRISES, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

DJH ENTERPRISES, LLC (FL)

File the attached conversion and subsequent articles of organization and provide a certified copy and certificate of status.

NOTES:\_\_\_

\$185.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, October 20, 2022 Page 1 of I

## Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

SECRETARY OF CORPORATIONS

22 OCT 20 AM 9: 16

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
DJH Enterprises, Inc.  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S, entity, the name of the country)
June 9, 2003
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DJH Enterprises, 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.)
<u>Note:</u> 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 to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.

Signed this 19th day of October	2022 .
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Timothy E. Cloe	E. Uot  BASOFFIFIE: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
timothy E. Clor	
Signature: Timothy E. (loc Printed Name: Timothy E. Cloe	Title: President
Signature:Printed Name:	Title:
Signature: Printed Name:	77.4
Printed Name:	
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or G	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit	ty Dartmorchine
Signature of one General Partner.	ty rattiersing.
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
<u></u> etherm minera	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:
DJH Enterprises, LLC	
(Must contain the words "Lim	ited Liability Company, "L.E.C.," or "LLC.")
ADTICLED A LI	
The mailing address and street address	of the principal office of the Limited Liability Company is <u>Mailing Address:</u>
The mailing address and street address	
Principal Office Address:	Mailing Address:

(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.)

Timothy E. Cloe		2 OC	SIO
	Name	1 20	107
5020 Clark Road, #417			- 1389 - 1389 - 1389
Florida street address (	(P.O. Box NOT acceptable)	<u>م</u> بو	- G
Sarasota	FL <sup>34233</sup>	16	SMOLE
City	Zip		Ø

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.,

Timothy E. Uor

SABCA/AAJONEU
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>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:	
'MGR" = Manager		
MGR	Timothy Cloe	
<del></del>	5020 Clark Road, #417	
	Sarasota, FL 34233	
		<u> </u>
<del></del>		
rt value val		
Use attachment if necessary)		
EV: Other provisions, if any.		~
sis vi other provisional it unit.		2 0
-		
REQUIRED SIGNATURE:		AH
	-cocusigned by: Timothur E. Uor	ب
		_
		<u> </u>
	— 3574BCA76A3D4E9	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am a ment to the Department of State constitutes a third deg	ware tha
This document is executed in accordance any false information submitted in a document of the control of the con	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am a	ware tha
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am a ment to the Department of State constitutes a third deg	ware tha