# L22000502976

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLANASSLE, FLONG



12905 SW 42<sup>nd</sup> ST., Ste: 210 Mlami, FL 33175 Phone: 305-444-4994 / 305-444-4977 Emall: <u>filing@ecfsfiling.com</u>

Office	Use (	Only	

### CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1		<del>-</del>
(CORPORATE NAME)	(D	OCUMENT#)
2. Digital (CORPORATE NAME)	ARt CONSUltar	OCUMENT#)
3. (CORPORATE NAME)	· . (D	OCUMENT#)
☐ Walk-In Pi	ck up time: Certified Copy	☐ Certificate of Status
New Filings Profit	Amendments Amendments	Other Filings Annual Report
Non-Profit	Resignation	Fictitious Name
Limited Liability	Dissolution/Withdrawal	Apostille:
Other:	Other:	04
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Examiners Initials

# NEIGH OF CORPOR STATION VISION OF CORPOR STATION 22 DEC -2 AM 4: Of

## 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  DIGITAL ART CONSULTANT CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
04-18-2022
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DIGITAL ART CONSULTANT 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.)  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.
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 th	is	day of	<del>-</del>	_ 20
Signatur	e of Authoriz	zed Representati	ve of Limit	ed Liability Company:
Signature Printed Na	of Authorize ame: MAGALY	ed Representative: VERJEL	/s/m	Title AMBR
Signature	e(s) on behalf	of Other Busines	s Entity: [S	See below for required signature(s)]
Signature:	:	s/Magaly	Verjel	_ Title: P
Printed N	ame:			_Title:
Signature:	:		100000	_ Title:
Printed N	: ame:			Title:
Printed N	ame:			_ Title:
Signature	:			
Printed N	ame:			Title:
Signature		Vice Chairman, D		Officer. orporator must sign.
	a General Pa of one Gener	<mark>rtnership or Limi</mark> al Partner.	ted Liability	y Partnership:
		rtnership or Limi neral Partners.	ted Liability	y Limited Partnership:
All other Signature	s: of an authori	zed person.		
Fees:				
Fe C	rticles of Cor ees for Florid ertified Copy ertificate of S	a Articles of Orga	anization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

OFFICE OF CHREGRATION

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	me: .imited Liability Company	y is:	
DIGITAL ART COI			
(M	lust contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		e principal office of the Limit	ted Liability Company is:
Principal Office	Address:	Mailing Address:	
6100 Lake Ellenor	Dr Suite 151 #1082	6100 Lake Ellenor Dr Sui	te 151 #1082_
ORLANDO, FL 328	309	ORLANDO, FL 32809	
(The Limited Liability (	Registered Agent, Registe Company cannot serve as its own F a active Florida registration.)	ered Office, & Registered A Registered Agent. You must designate a	gent's Signature: .n individual or another
The name and the	Florida street address of t	the registered agent are:	
	MAGALY VERJEL		
		lame	
	9423 DOWDEN RD #910	7	
		(P.O. Box NOT acceptable)	
	ORLANDO	FL <sup>32832</sup>	
	City	Zip	
liability com registered agen statutes relati	pany at the place designate t and agree to act in this co ng to the proper and comp	nd to accept service of processed in this certificate, I hereby a apacity. I further agree to com- lete performance of my duties, as registered agent as provided	accept the appointment as aply with the provisions of all and I am familiar with and
	/s/ Ma	galy Verjel	SECRE VISION 2 DEC
	Registered Agent's	galy Verjel Signature (REQUIRED)	#####################################
	(CON	TINUED)	CORPORATION AM 4: 06

#### **ARTICLE IV-**

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

<u>:</u>
<del>/</del> 9107
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2
<del>\$</del> 9107
2
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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.

MAGALY VERJEL

Typed or printed name of signee

Filing Fees

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