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(Re	equestor's Name)	,-
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, OF STATE

FILED

COVER LETTER

Division of	Section Corporations					
SUBJECT: Digital	Content Helix LLC					
3000EC1	(Name of Re	sulting Florida Lim	ited Cor	mpany)		
				nd fees are submitted to convert a coordance with s. 605.1045, F.S.	n ''Other	
Please return all con	respondence concernin	g this matter to:				
Audrey Lund						
	(Contact Person)		_			
Digital Content Helix	LLC					
	(Firm/Company)					
8926 Manor Loop Ap	t 206					
	(Address)		_			
Lakewood Ranch, FL	34202					
	(City, State and Zip Code)		_			
contact@digitalconte	nthelix.com					
E-mail Address: (to	be used for future annual re	port notifications)	_			
For further informa	tion concerning this ma	tter, please call:		ĪΑ		
Audrey Lund		at (<u></u>	243-	6347	22 [
(Name of Cor	itact Person)	(Area Code	(Da	ytime Telephone Number)	DEC	
Enclosed is a check dollars and drawn of	for the following amount a bank located in the	mt: (All checks United States)	proces	sed by this office must be payable	e i n ⊤US	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co	_	S185.00 Filing Fees, Certified Copy, and Certificate of Status	PH IÜ: 58	
Mailing Ad New Filing Division of P.O. Box 63 Tallahassee	Section Corporations 527		New Divis The C 2415	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee FL 32303		

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 Content Helix LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
September 14th, 2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Figure action: Digital Content Helix 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 fisted 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 17th day of December	20_22
Signature of Authorized Representative	of Limited Liability Company:
Signature of Authorized Representative:	Mistay he
Printed Name: Audrey Lund	Title: Member Manager
/	ntity: [See below for required signature(s)]
Signature: Ahlen Tolalaket	
Printed Name: Ashkan Fakhrtabatabaie	
Signature: Musicy L. / Printed Name: Audrey Lund	
Printed Name: Audrey Lund	Title: Managing Member
Signature:	T
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:

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 Compa	any is:	
Digital Content Helix LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
8926 Manor Loop Apt 206	8926 Manor Loop Apt 206	3
Lakewood Ranch, FL 34202	Lakewood Ranch, FL 342	202
ARTICLE III - Registered Agent, Regi (The Lunited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address of	of the registered agent are:	
Audrey Lund		
·	Name	=

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eptable) AHA
22 DEC 21 SECRETARY TALLAHASSE

Having been named as registered agent and to accept service of process for the above stand 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>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Audrey Lund		
	8926 Manor Loop Apt 206		
	Lakewood Ranch, FL 34202		
AMBR	Ashkan Fakhrtabatabaie		
	8926 Manor Loop Apt 206		
	Lakewood Ranch, FL 34202	<u> </u>	
			
		<u> </u>	
			
(Use attachment if necessary)			
TICLE V: Other provisions, if any.	ΓÀ	•	
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	D		_ =
DEALIBED CRASATION.		₹ —	-
REQUIRED SIGNATURE:	:	P. P.	
Mistry his	~ <i>∪</i> ⊃	· =	
-		<u>.</u> න	
Signature of a member or	an authorized representative of a member	် ဆ	
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aw		
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degre	e telony	
as provided for in s.o. (7.13.), (1.3.)			
Audrey Lund			
Ту	rped or printed name of signee		
	Filina Koac		

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)