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Office Use Only



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FILED

Payment Receipt Confirmation

Your payment was successfully processed.

	Receipt Confirmation
Description	Amount
	\$150.00
Total Amount Paid	\$150.00

Customer	Information

Customer Name	Gabriella Davy	Receipt Date	1/24/2023	
Local Reference ID	3589650104CC	Receipt Time	01:49:36 PM EST	₹
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Payment Information				<u>s</u> : v
Payment Type	Credit Card	Credit Card Number	2214	m⊣ Mo⊸
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Billing Information				ఆ‴ చ

Billing Address Billing City, State ZIP/Postal Code Country 5510 Monte Fino Ct Greenacres, FM 33463 US Phone Number 9546008551

This receipt has been emailed to the address below. Email Address m_davy@comcast.net

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Day Tr	UST ulting Florida Limited Com	npany)		
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li				
Please return all correspondence concerning	g this matter to:			
Gabriella Davy (Contact Person)				
(Firm/Company) 5510 Monte 7ino	<u></u>			
(Address)			23 . SEC	7
5510 Monte Fino (Address) Greenacres, 71 (City, State and Zip Code)	33463		AHA AHA	てニーアで
(City, State and Zip Code)			SSE 14	-
E-mail Address: (to be used for future annual rep	port notifications)		23 JAN 24 PH 3: 43 SECRETARY OF PLATE FALLAHASSLE, PROSIDE	(
For further information concerning this mat	tter, please call:		<u>ξ</u>	
Gabriella (Name of Contact Person)	at (954) 60 (Area Code) (Day	100 - 855/		
Enclosed is a check for the following amou dollars and drawn on a bank located in the		sed by this office must be	e 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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section	New I	t Address: Filing Section		
Division of Corporations	Divisi	ion of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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:
Day Trust Inc (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida USA (Enter state, or if a non-U.S. entity, the name of the Muntry)
on 12-20-20-0 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization;
Davy Global LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 0/-24-23 (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.

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Signed this24 day of	_20 <u>.23.</u>
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Signature of Authorized Representative of Authoriz	Title: Presidon
Signature(s) on behalf of Other Business Entity:	
Signature: Sele Des Printed Name: Gabriella Day	Title: President
Signature:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:

<u>If Florida Limited Partnership or Limited Liability Limited Partnership:</u> Signatures of <u>ALL</u> 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:

Must contain the words "Limited Liability	Company, "L.L.C." or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
SSIO Monte Fino Ct Creenacies 71 33463	Greenaers 71, 33463
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Gabriella	FL 33463
55/0 Monte Fic Florida street address (P.O.	Box NOT acceptable)
Cyeenuers >	FL 33463 FR 5
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(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 "MGR" = Manager	Name and Address:
AMBR	Gabriella Dans 5510 Monte Fino C+ Greena cres, 21 33463
(Use attachment if necessary)	23 JAN 24 SECRETARY FALLAHASSI
TICLE V: Other provisions, if any.	24 PH 3; SSEC Figure

REQUIRED SIGNATURE:

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.

Typed or printed name of signee

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)