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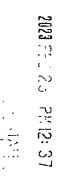
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
		AR 3/9

Office Use Only



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N W



March 9, 2023

KIA FLEURINORD 20900 NE 30TH AVE STE 200 AVENTURA, FL 33180 US

SUBJECT: LMDM ENTERPRISES LLC

Ref. Number: W23000032287

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 123A00005497

KAIN COSTELLO Regulatory Specialist II New Filing Section

COVER LETTER

	New Filing S Division of C					
SHRIF	CT. LMDM E	NTERPRISES LLC				
SODSI.			sulting Florida Lii	nited Cor	mpany)	
					nd fees are submitted to convertecordance with s. 605.1045, F.	
Please i	return all corr	espondence concernin	g this matter to):		
KIA FLE	EURINORD					
		(Contact Person)				
FLEURI	NORD LAW P	LLC				
		(Firm/Company)				
20900 N	NE 30TH AVE,	STE 200				
		(Address)				
AVENT	URA, FL 33180)				
	((City, State and Zip Code)				
MARIEC	CONYERS@BE	ELLSOUTH.NET				
E-ma	il Address: (to b	e used for future annual re	port notifications)		
For furt	her information	on concerning this ma	tter, please call	:		
MARIE (CONYERS		_at (,223-	0650	
	(Name of Conta	ct Person)	(Area Coc	<u>/</u>	etime Telephone Number)	
		or the following amou a bank located in the		proces	sed by this office must be paya	ble in US
(\$25 for 6	00 Filing Fees Conversion or Articles ization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified C	~	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
]	Mailing Addi New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	202

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: LMDM 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.)
First organized, formed or incorporated under the laws of
12/16/2004 on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: LMDM 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.) 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 this 13TH day of FEBRUARY	
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: <u>Maa</u> Printed Name: MARIE CONYERS	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Simple (7)	
Signature: Och Printed Name: LEROY CONYERS	Title: PRESIDENT
Simon Maria Carre	
Signature: Marie Conjugary Printed Name: MARIE CONYERS	Title: VICE PRESIDENT
,	
Signature:Printed Name:	Title
Signature:Printed Name:	Tide
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
	ty Partnership
Signature of one General Partner.	Cy Turchership.
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fces:	
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	s:	
LMDM ENTERPRISES LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LEC."	")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
7901 4TH ST N, STE 300	7901 4TH ST N, STE 30	
ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL	33702
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regbusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate	
REGISTERED AGENTS INC	D .	
Nan		
7901 4TH ST N, STE 300 Florida street address (P.	O. Box NOT acceptable)	
ST. PETERSBURG	FI. ³³⁷⁰²	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate. I hereby icity. I further agree to convergerformance of my duties, egistered agent as provided	accept the appointment as nply with the provisions of all and I am familiar with and
Registered Agent's Sig	gnature (REQUIRED)	
(CONTI)	NUED)	2023 FEB 23 PM
		2 () PM 12: 37

ARTICLE IV-

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

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	MARIE CONYERS
MGR	LEROY CONYERS
	
Use attachment if necessary)	
· · · · · · · · · · · · · · · · · ·	
EV: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	R.
REQUIRED SIGNATURE: Manu Concept Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award
Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. MARIE CONYERS	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ment to the Department of State constitutes a third degree feed or printed name of signee
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. MARIE CONYERS Ty	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awarement to the Department of State constitutes a third degree feed or printed name of signee Filing Fees
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