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## **COVER LETTER**

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TE, LLC						
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	(Name of Res TE, LLC (Name of Res f Conversion, Artic "Florida Limited Li bondence concerning (Contact Person)  (Firm/Company) (Address)  (Address)  (Address)  (State and Zip Code) (w.com (Sed for future annual rep concerning this material concerning this material concerning the following amount of the following amou	(Name of Resulting Florida Limite of Conversion, Articles of Organization Florida Limited Liability Company condence concerning this matter to:  (Contact Person)  (Firm/Company)  (Address)  (Address)  (State and Zip Code)  (w.com)  (Sed for future annual report notifications)  concerning this matter, please call:  (at (305)  (Area Code)  (Area Code)  (All checks proposed for filing fees and Certified Copylatus  (State and Certificate of and Certified Copylatus)  (State and Zip Code)	(Name of Resulting Florida Limited Come of Conversion, Articles of Organization, and "Florida Limited Liability Company" in accondence concerning this matter to:  (Contact Person)  (Firm/Company)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Area Code)  (Area	(Name of Resulting Florida Limited Company)  f Conversion, Articles of Organization, and fees are submitted to e "Florida Limited Liability Company" in accordance with s. 605.10  condence concerning this matter to:  (Contact Person)  (Firm/Company)  (Address)  c. State and Zip Code)  (w.com  sed for future annual report notifications)  concerning this matter, please call:  at (305 )363-3233  Person)  (Area Code) (Daytime Telephone Number)  the following amount: (All checks processed by this office must be bank located in the United States)  DS155.00 Filing Fees	(Name of Resulting Florida Limited Company)  If Conversion, Articles of Organization, and fees are submitted to convert "Florida Limited Liability Company" in accordance with s. 605.1045. F.S. condence concerning this matter to:  (Contact Person)  (Firm/Company)  (Address)  T. State and Zip Code)  (Address)  T. State and Zip Code)  (Address)  (Area Code)  (Daytime Telephone Number)  the following amount: (All checks processed by this office must be payaboank located in the United States)  (DS155.00 Filing Fees and Certificate of and Certificate of Status  Street Address:  (Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  32314	(Name of Resulting Florida Limited Company)  If Conversion, Articles of Organization, and fees are submitted to convert an "O "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.  Condence concerning this matter to:  (Contact Person)  (Firm/Company)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Are Code)  (Daytime Telephone Number)  the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount: (All checks processed by this office must be payable in the following amount

### **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: DD WINGATE, LP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership (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)
01/23/2018
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DD WINGATE, 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 <u>03</u> day of March	20_23
Signature of Authorized Representative of Lim	ited Linbility Company:
Signature of Authorized Representative:	121/1/11 1
Printed Name: David Daniel Wingate	Title: Manager
Trinco rame: Savio Samo: Tringato	The managery
Signature: On behalf of Other Business Entity: Signature: Onto Decicle Winggrid	[See below for required signature(s)]
Dignature: 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Title: General Partner
Printed Name: David Daniel Wingate	Title: General Fattier
Signature:	
Printed Name:	Title:
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If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
- -	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Cellificate of otalias.	(~p)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	y is:
DD WINGATE, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1515 BELLEAU WOOD DRIVE	1515 BELLEAU WOOD DRIVE
TALLAHASSEE, FL, 32308	TALLAHASSEE, FL, 32308
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of t	Registered Agent. You must designate an individual of another
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of t  David Daniel Wingate	Registered Agent. You must designate an individual of another
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  David Daniel Wingate  N  1515 BELLEAU WOOD I	the registered agent are:

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:  David Daniel Wingate		
"MGR" = Manager MGR			
17611	David David Wingate		
<del></del>			
(Use attachment if necessary)			
••			
CLE V: Other provisions, if any.			
<del></del>			
REQUIRED SIGNATURE:	•		
12/2	Wyite		
	voi per		
This document is executed in accordance w	n authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ent to the Department of State constitutes a third degree felo		
David Daniel Wingate			

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)

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

ARTICLE IV-

Company:

Control Number: 18007968

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## **DD Wingate LP** a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24663016
Date Inc/Auth/Filed: 01/23/2018
Jurisdiction : Georgia
Print Date 93/03/2023
Form Number 2211

Form Number 211

Bred Rafferages

Brad Raffensperger Secretary of State

