# L23000174277

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
W230004118R

Office Use Only



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FILED

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2023

DANTE GIURAS 11525 NW 32ND CT CORAL SPRINGS, FL 33065 US

SUBJECT: MILLIDGFX LLC Ref. Number: W23000041188

We have received your document for MILLIDGFX LLC and your check(s) totaling \$185.00. 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) \$\script{2}(10) \script{3} \script{5}(10) \script{5} \script{5}(10) \script{5} \script{5}(10) \script{5} \script{5}(10) \scrip

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 623A00006976

RECEIVED

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Milli DGFX. LLC (Name of Resu	Ilting Florida Limited Company)
•	es of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	this matter to:
Contact Person)	
Mili DaFX LLC (Firm/Company)	
11525 NW 32md Ct. (Address)	
(City-State and Zip Code)  Millido Fx 1/Commil, Com  E-mail Address: (to be used for future annual rep	
For further information concerning this matt	ter, please call:
(Name of Contact Person)	at (954) 210-2501 35 35 35 35 35 35 35 35 35 35 35 35 35
Enclosed is a check for the following amour dollars and drawn on a bank located in the U	nt: (All checks processed by this office must be payable in US United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$150.00 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 Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 Article  Mill: X-FX Loc.	s of Conversion is:
(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 Florido (Enter state, or if a non-U.S. entity, the r	name of the country)
on 04/2/2022 (date of organization, formation or incorporation)	TIL 23 HAR -1 ALLAHASS
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	les of Organization:
MilliDGFX LLC	
(Enter Name of Florida Limited Liability Company)	30 30 30
4. If not effective on the date of filing, enter the effective date: $\frac{912}{2022}$ . (The effective date: Cannot be prior to date of receipt or filed date nor more than 90)	I calendar davs 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 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 27 <sup>th</sup> day of February	_ 20 <u>_ 23</u>
Signature of Authorized Representative of Limi	ted Liability-Company:
Signature of Authorized Representative:  Printed Name: Dante Giuras	Title: Manager/Owner
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:  Printed Name: Dante Givras	
Printed Name: Dante Givras	Title: Owner/Manages
Signature:	Tal
Printed Name:	111110:
Signature:Printed Name:	Title
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	Ţ
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Millidgex LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
11525 NW 32nd Ct.  Coral Springs FL, 33065  Coral Springs FL, 33065
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Dante Givras Name Page 23
11525 NW 32nd Ct. Florida street address (P.O. Box NOT acceptable)
Coral Sprims FL 33OGS Zip
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

$\Lambda R$	LICI	IV.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Dante Giuras 11525 NW 32rd Ct. Corol Springs FL, 33065
<del></del>	
<del></del>	
(Use attachment if necessary)	23 HAR SECRE! TALLARU
CLE V: Other provisions, if any.	SSET -1
	3: 30
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware tha ment to the Department of State constitutes a third degree felor
Dante G	rped or printed name of signee
Ту	rped 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)