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

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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Davaro Cap, ful Haldings Inc.
FOR OFFICE USE ONLY
PICK ONE:
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Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
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Amount of Documents
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Notes:

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: DAVARO CAPITAL HOLDINGS 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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
10/23/2022
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DAVARO CAPITAL HOLDINGS, 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 15th	day of June	20_23	
Signature of Authori	zed Representative	of Limited Liability Company:	
Signature of Authorize Printed Name: Paul Don	ed Representative: <u>/</u> 9	Paul Dong Thie: Manager	
Signature(s) on behalf	of Other Business I	Entity: [See below for required signa	ture(s)]
Signature: Paul	Dong	Title: President	
Printed Name: Paul Don	g 0	Title: President	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:	_	Title:	
If Florida Corporation	••		
Signature of Chairman,		ector, or Officer.	
If Directors or Officers	have not been selecte	ed, an Incorporator must sign.	
If Florida General Par Signature of one General	tnership or Limited al Partner.	I Liability Partnership:	
If Florida Limited Par Signatures of <u>ALL</u> Gen		Liability Limited Partnership:	
All others: Signature of an authoriz	red person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

DECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	
DAVARO CAPITAL HOLDINGS, LLC (Must contain the words "Limited Liahili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4711 S HIMES AVE UNIT 1909	
TAMPA, FL 33611	
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the PAUL DONG	registered agent are:
Nam	e e
4711 S HIMES AVE UNIT 190	09
Florida street address (P.C	D. Box NOT acceptable)
TAMPA	FI 33611
City	FL ³³⁶¹¹ Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	n accept service of process for the above stated limited in this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

ECRETARY OF STATE TALLAHASSEE, FL T

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

MGR" = Manager GR PAUL DONG 4711 S HIMES AVE UNIT 1909 TAMPA, FL 33611 District States attachment if necessary) EV: Other provisions, if any. EQUIRED SIGNATURE: Paul Dong 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 any false information submitted in a document to the Department of State constitutes a third degree fe as provided for in s.817.155, F.S. PAUL DONG Typed or printed name of signee Filing Fees S125.00 Filing Fee for Articles of Organization and Designation of Register 34 (c) 12 (c	<u> Fitle:</u>	
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