# 23000353443

| (Rec                      | questor's Name)  |             |
|---------------------------|------------------|-------------|
| (Add                      | iress)           |             |
| (Add                      | liess)           | <u> </u>    |
| (City                     | /State/Zip/Phon  | e #)        |
| PICK-UP                   | WAIT             | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doo                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer    |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



800411663258

07/06/23--01042--014 \*\*150.00

A Distriction

SECRETARY OF STATE

# **COVER LETTER**

| TO:                 | New Filing S<br>Division of C  |   |                                  |                               |  |
|---------------------|--|---|----------------------------------|-------------------------------|--|
| SUBJ                | JECT: DMEM 8   | Co LLC  |                                  |                               |  |
| 1,01                |  | (Name of Re   | sulting Florida Lim              | ited Cor                      | npany)   |
|                     |  |   | _                                |                               | nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.                            |
| Please              | e return all corr  | espondence concernin                                  | g this matter to:                |                               |  |
| Alex I              | King   |   |                                  |                               |  |
|                     |  | (Contact Person)                                      |                                  | _                             |  |
| Arche               | type Legal PC  | _   |                                  | _                             |  |
|                     |  | (Firm/Company)  |                                  |                               |  |
| 100 P               | ine St. Suite 125  | 60  |                                  |                               |  |
|                     |  | (Address)   |                                  | _                             |  |
| San F               | rancisco, CA 94  | 111   |                                  |                               |  |
|                     | ((   | City, State and Zip Code)                             |                                  | -                             |  |
| alex@               | garchetypelegal.   | com   |                                  |                               |  |
| E-1                 | mail Address: (to b  | e used for future annual re                           | port notifications)              | _                             |  |
| For fu              | irther informati   | on concerning this ma                                 | tter, please call:               |                               |  |
| Alex I              | King   |   | at (                             | ្រ815                         | 6229   |
|                     | (Name of Conta   | act Person)   | (Area Code                       |                               | ytime Telephone Number)  |
|                     |  | or the following amou<br>a bank located in the        |                                  | proces                        | sed by this office must be payable in US   |
| (\$25 fo<br>& \$12. | 50.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization)             | ☐\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filin and Certified Co |                               | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status                                 |
|                     | Mailing Add<br>New Filing S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | ection<br>Corporations<br>17                          |                                  | New<br>Divis<br>The C<br>2415 | Filing Section ion of Corporations Centre of Tallahassee  N. Monroe Street, Suite 810  Page 181, 32303 |

INHS11 (7/17)

## Articles of Conversion

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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:  DMEM & Co LLC   |
|---|
| (Enter Name of Other Business Entity)   |
| 2. The "Other Business Entity" is a   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| First organized, formed or incorporated under the laws of   |
|   |
| January 9, 2020<br>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:  DMEM & Co 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.)                                 |
| <u>Note:</u> 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.

2023 JUL TO AM 3: 5
SECKLITARY OF STATE
TALL ALLASSEE, FL

| Signed this 28th day of June  | _ 20 <u>23</u>   |
|---|--|
| Signature of Authorized Representative of Limi  |  |
| Signature of Authorized Representative: Printed Name: Diana Maichin                                       | Marchin Title: LLC Sole Member and CEO                         |
| Signature(s) on behalf of Other Business Entity: [  | See below for required signature(s)]                           |
| Signature: Diana Maichin  |  |
| Printed Name: Diana Maichin   | Title: LLC Sole Member and CEO                                 |
|   |  |
| Signature:Printed Name:   | Tioha  |
| rifficed Name.  |  |
| Signature:Printed Name:   |  |
| Printed Name:   | Title:   |
| Signature:  |  |
| Printed Name:   |  |
|   |  |
| Signature: Printed Name:  | Title  |
| rituica ivanic.   |  |
| Signature:  |  |
| Printed Name:   | Title:   |
| If Florida Corporation:   |  |
| Signature of Chairman, Vice Chairman, Director, or  | Officer.   |
| If Directors or Officers have not been selected, an Inc   | corporator must sign.  |
| If Florida General Partnership or Limited Liability   | ty Partnership:  |
| Signature of one General Partner.   |  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.                   | y Limited Partnership:   |
| All others: Signature of an authorized person.  |  |
| <u>Fees:</u>  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

SECRETARY OF STATE

52

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DMEM & Co 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 Add | ress: |
|----------------------|-------|

Mailing Address:

28141 Donnavid Court Unit 306

7901 4th St. STE 15367

Bonita Springs, FL 34135

St. Petersburg, FL 33702

## 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:

| Morthwest | Registered  | Agent | 11 | C   |
|-----------|-------------|-------|----|-----|
| MOUNTABLE | LIGUISIGICO | Aueni |    | . ~ |

| •                     | •                    |                |
|-----------------------|----------------------|----------------|
| -                     | Name                 |                |
| 7901 4th St N         |                      | STE 300        |
| Florida street addres | s (P.O. Box <u>N</u> | OT acceptable) |
| St. Petersburg        | FL                   | 33702          |
| City                  | State                | 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL TO AM 3: 52

| A  | D | 11 | C1  | L C | IV.   |
|----|---|----|-----|-----|-------|
| -1 | к |    | • 1 | H 1 | 1 V - |

Diana Maichin

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

| Title:  | Name and Address:   |
|---|---|
| "AMBR" = Authorized Member                        |   |
| "MGR" = Manager                                   | Pr  |
| AMBR  | Diana Maichin   |
|   | 7901 4th St. N STE 15367  |
|   | St. Petersburg, FL 33702  |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | <del></del>   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| (Lise attachment if pagescart)                    |   |
| (Use attachment if necessary)                     |   |
|   |   |
| TEV. Od a and idea if and                         |   |
| LE V: Other provisions, if any.                   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| REQUIRED SIGNATURE:                               |   |
|   | Disna Marchin   |
|   |   |
|   |   |
| 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<br>nent to the Department of State constitutes a third degree for |
| 2011 (2160 INTACHIATION CHESTISTICS) 10 9 7107/11 | ment to the treparament of Niate consolutes a Inita acytee to   |

Typed or printed name of signee

Typed or printed name of signee

Filing Fees

\$\frac{\finter{\frac{\fin}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fri \$ 5.00 Certificate of Status (Optional) 6 \$ 30.00 Certified Copy (Optional)