123000375487

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
wa3000039634

Office Use Only



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03.02/23--01017--01) *+25.00

03/03/23--01017--012 **125.00

SECRETARY OF STA

7/25/23 RCVd



March 23, 2023

DENIS GUBAEV 2336 NE 172ND ST NORTH MIAMI BEACH, FL 33160 US

SUBJECT: DG TRAFFIC LLC Ref. Number: W23000039634

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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 023A00006693

15/23 SEEL FL

COVER LETTER

SUBJECT: DG TRAHIC LLC	
(Name of Resulting Florida Limited Company)	•
The enclosed Articles of Conversion, Articles of Organization, and Ices Business Entity", into a "Florida Lumited Liability Company" in accordi	s are submitted to convert an "Other ance with s. 605,1045, F.S.
Please return all correspondence concerning this matter to:	
Julia Motchalova (Connect Person)	
(Firin Company)	
2336 NE 172 SF (Address)	
Nº M. auri Bole FL 33/60 (City, State and Tip Code)	
E-mail Address (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Julia Motchalova at 305, 318 (Name of Contact Person) (Area Code) (Daytime 1	1-2770
(Name of Contact Person) (Area Code) (Daytime 1	Telephone Number)
Enclosed is a check for the following amount: (All checks processed by dollars and drawn on a bank located in the United States)	y this office must be payable in US
(§25 for Conversion and Certificate of and Certified Copy Cert	185.00 Filing Fees, offied Copy, and officate of Status
Mailing Address: Street Add	lress:
New Filing Section New Filing	=
	f Corporations
P.O. Box 6327 The Centre	of Tallahassee

2415 N. Monroe Street, State 810

Tallahassee, FL 32303

CMBSTERFACTO

P.O. Box 6327

Tallahassee, FL 32314

10: New Filing Section

Division of Corporations

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: OC- TRAFFIC LCC M20000606070
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Lim. Few Gability Company (Enter entity type. Example: corporation, limited partnership, general partnership. Summon 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)
on 07/06/2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DG Truffic LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filling, 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 2.5 day of Luly 20 23
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Title: AMBR
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Printed Name: DEN'S Calaer Title & MBR
Signature:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
1f Florida Limited Partnership or Limited Liability Limited Partnership; Signatures of <u>ALL</u> General Partners.
All others: Signature of an authorized person.
Fees
Articles of Conversion: \$25.00 Fees for Floride Articles of Organization: \$125.00 Certified Copy: \$30,00 (Optional) Certificate of States: \$5.00 (Ontional)

2023 JUL 25 AM IO: 07
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Lia	bility Company is:			
	DG	Truthic	LLC		
(M		e words "Limited Liabilit		" or "LLC")	

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mading Address:</u>
2336 NE 172 ST	2336 NE 172 ST
N' miam. Bale P.L	N. m. ami Beh
33/60	FL 33160

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:

Name
Name

1336 NE 172 ST

Florida street address (P.O. Box NOT acceptable)

N Mian, Bob FL 33160

City 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)

TALLAHASSEF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Denis Gubaer 2336 NE 172 IV. M. am, Sale FL 331
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	- Ag
	AR.
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	A. A
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for on 8 817 155, F.S.	r an authorized representative of a member re with section 605.0203 (1) (b). Florida Statutes, I am aware that ument to the Department of State constitutes a third degree felony
CLE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for on 8 817 155, F.S.	se comb section 665 (1203 cl.) the Florida Statutes. Lam aware that

\$ 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:

2023 JUL 25 AM IO: 07 Secretary of State