# L23000510398

(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:
opecial matriculars to Filling Officer.

Office Use Only



700417270367

RECEIVED

2925

# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/13/2023			<i>⇔WALK I</i> N	<b>1834</b>
ENTITY NAME Doubl	e D F & I LLC			_
DOCUMENT NUMBER				<del>-</del>
	**PLEASE FILE THE ATTACH	ED AND RETUR	W**	
XXXXXXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
•	**PLEASE OBTAIN THE FOLLOWING I Certified Copy of Arts & Amendmen		E ENTITY**	
	Certificate of Good Standing			
	**APOSTILLE' / NOTARIAL	CERTIFICATIO	DN**	
COUNTRY OF DESTINA NUMBER OF CERTIFIC				
TOTAL OWED \$150			: 120160000072	
		5,	8 4/10	
Please call Tina at	the above number for any issues	or concerns,	Thank you so much!	

## **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	JECT: Double (	DF&ILLC			
., 0		(Name of Re	sulting Florida Limi	ted Cor	npany)
			~		nd fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Lorna	J. Virts				
		(Contact Person)		-	
Smith	, Gambrell & Rus	ssell, LLP		_	
		(Firm/Company)		-	
1105	W. Peachtree St	reet NE, Suite 1000			
		(Address)		-	
Atlant	a, GA 30309				
	(1	City. State and Zip Code)		-	
mkolc	un@sgrlaw.com				
E-n	nail Address: (to b	e used for future annual re	port notifications)	-	
For fu	irther informati	on concerning this ma	tter, please call:		
Lorna	Virts		_at (	<sub>\</sub> 815-	3500
	(Name of Conta	act Person)	(Area Code)	(Day	vtime Telephone Number)
		or the following amou a bank located in the	•	roces:	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection forporations		New Divis	t Address: Filing Section ion of Corporations 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 Articles of Conversion is:  Double D F & LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(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)
5/10/2017 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:
Double D F & I 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 8th day of November	20_23
Signature of Authorized Representative of Lim	ited Liability Company:
Douga De De Leide	
Signature of Authorized Representative: Due Velucke Printed Name: Dina Delich	
Printed Name: Dina Delich	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Uma Velich	
Printed Name: Dina Delich	Title: Member
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
C'imatum.	
Signature:Printed Name:	Tidas
France Name.	1 (0)
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
orginature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Certificate of Janus.	woom (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Double D F & I LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2005 2 111 1 114524	0005 0-11 A #4504
2625 Collins Ave #1504	2625 Collins Ave #1504
Miami Beach, FL 33140	Miami Beach, FL 33140
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	registered agent are:
Universal Registered Agents,	Inc.
Name	e
1317 California Street	
Florida street address (P.O	Box NOT acceptable)
richad dicer didical frie	· · · · · · · · · · · · · · · · · · ·

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.

Sharon Gray
Registered Agent's Signature (REQUIRED)

Tallahassee

City

(CONTINUED)

Λ	RT	CI	I.	IV-

Dina Delich

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			
AMBR	Dina Delich		
	2625 Collins Ave #1504		
	Miami Beach, FL 33140		
	-		
(Use attachment if necessary)			
( 3.5 2 ),			
LE V: Other provisions, if any.			
Est. V. Office provisions, it day.			
-	-		
-	•		
•			
REQUIRED SIGNATURE:			
	rocesigned by Vina Velicle		
( "	nna yeulu oaffaba2295aar		
	CALL CONDUCTS CONTO		
Claustina - F. amanda	an authorized componentities of a marcha-		
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware		
<ul> <li>This document is executed in accordance.</li> </ul>	With Section 605 0205 (1) (b) riorida Statines, I am awari		

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)