

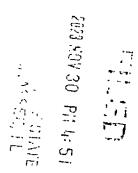
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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11/30/23--01023--011 **150.00



T. MATTHEWS
DEC 07

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: DC Socia	al LLC			
	(Name of Res	ulting Florida Limi	ted Cor	npany)
		_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
Jenna Dawson				
	(Contact Person)		-	
DC Social LLC				
	(Firm/Company)		-	
36124 Angler Ln				
	(Address)		-	
Dade City, FL 33525				
((City, State and Zip Code)		-	
dc.thesocialclub@gma	il.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further information	on concerning this ma	ter, please call:		
Jenna Dawson		at (352	\467 - (0732
(Name of Conta	ct Person)	(Area Code)	(Day	0732 rtime Telephone Number)
	or the following amou a bank located in the		roces	sed by this office must be payable in US
S150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		□\$185.00 Fiting Fees, Certified Copy, and Certificate of Status
Mailing Add	ress:		Stree:	t Address:
New Filing S	ection		New	Filing Section
Division of C P.O. Box 632				ion of Corporations
r.O. 130X 032	1		The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

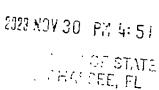
Tallahassee, FL 32314

FILED

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DC Social 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
(Enter state, or if a non-U.S. entity, the name of the country)
01/01/2022 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: DC Social LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Connect be prior to date of positive on filed date are proved then 00 colondar days of the filed 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

- 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 16 day of November	₂₀ <u>23</u> .
Signature of Authorized Representative of Limit	
Signature of Authorized Representative:	Ina Danoon Title: MGIR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Johna Dauson Printed Name: Jenna Dauson	Title:
Signature: Printed Name: Christine Hall	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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 & CO.

ARTICLE I - Name:	'2023 NOV 30 PH 4:5
The name of the Limited Liability Company	LAW ASSEE, FL
DC Social LLC	
(Must contain the words "Limited Lial	bility 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:
36124 Angler Lane	36124 Angler Lane
Dade City, FL 33525	Dade City, FL 33525
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
Jenna Dawson	
Na	ume
36124 Angler Lane	
Florida street address (F	P.O. Box NOT acceptable)
Dade City	FL 33525
City	Zip
liability company at the place designated	d to accept service of process for the above stated limi I in this certificate, I hereby accept the appointment as vacity. I further agree to comply with the provisions of

ed 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)

ARTICLE IV-

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			
MGR	Jenna Dawson 36124 Angler Lane		
	Dade City, FL 33525		
MGR	Christine Hall		
	13878 Whiskey Daisy Dr		
	Dade City, FL 33525		
(Use attachment if necessary)			
(Ose attachment is necessary)			
LEV: Other provisions, if any.			
REQUIRED SIGNATURE:	\bigwedge \bigwedge \bigwedge \bigwedge \bigwedge		
21111 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$(DV) \wedge (V)$		

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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

CHRISTINE HALL

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)