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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
□ BICK-LIP □ WAIT □ MAII
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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Filing Cover Sheet

Fiorida Division of Corporations	
m: LESLIE SELLERS C/O Capitol Services, Inc.	
e: 12/13/2023	
ns#: 1427250	
tity Name: DJW_INVESTMENTS_OF	FLORIDA, LLC
Articles of Incorporation ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()
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ATE FEES PREPAID WITH CHECK #-3625 FO	DR=\$180.00
EASE RETURN:	
rtified Copy (XXX) Plain Stamp	ed Copy ()
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Phone: 855-498-5500



Florida Division of Corporations

Filing Cover Sheet

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te: 12/13/2023	
ns#: 1427250	
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Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
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LEASE RETURN:	
ertified Copy (XXX) Plain Stamped Copy	· ()
Good Standing () Certificate of Fact ()	

COVER LETTER

Division of	Corporations			
SUBJECT: D	JW Investments of Florida	a, LLC		
	(Name of Re	sulting Florida Limit	ed Cor	npany)
	•	_	-	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:		
Tina Erales				
	(Contact Person)			
Jones & Spross, PLI	_C			
	(Firm/Company)			
1605 Lakecliff Hills L	ane, Suite 100			
	(Address)			
Austin, TX 78732				
-	(City, State and Zip Code)			
aallen@kaplanpc.co	m			
E-mail Address: (to	be used for future annual re	port notifications)		
For further informa	tion concerning this ma	tter, please call:		
Tina Erales		_at (281	, 910-	8229
(Name of Cor	atact Person)	(Area Code)	(Day	ytime Telephone Number)
	for the following amount a bank located in the		rocess	sed by this office must be payable in US
☐ \$150.00 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 Filing Fees, Certified Copy, and Certificate of Status
Mailing Ad New Filing Division of P.O. Box 63	Section Corporations		New I Divisi	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: DJW Investments, 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,	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust,	etc.)
First organized, formed or incorporated under the laws of	
November 5, 2004	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizatio	n:
DJW Investments of Florida, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: December 31, 2023 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days aft	er
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	lo

Signed	l this _	12th	day of	December	_ 20_23
<u>Signat</u>	ture of	Authori	zed Represe	ntative of Limi	ted Liability Company:
Signati Printed	ure of A	Authorize : Linda L.	ed Represent Weinstein	ative:lind	a L. Weinstein. Title: Manager
<u>Signat</u>	ur <u>e(s)</u>	on behalf	of Other Bu	siness Entity:	See below for required signature(s)]
Signati Printed	ıre: l Name	linda :_Linda L.	a L. Weinste Weinstein	In	Title: Manager
Signate Printed	ıre: l Name	 :			_ Title:
Signati Printed	ıre: l Name	:			Title:
Signati Printed	ıre: l Name	·			Title:
Signatu Printed	ıre: l Name	:			Title:
					Title:
Signati	irc of C		Vice Chairm	an, Director, or (n selected, an Inc	Officer. orporator must sign.
			rtnership or al Partner.	<u>Limited Liabilit</u>	y Partnership:
			rtnership or neral Partners		y Limited Partnership:
All oth Signatu		n authori:	zed person.		
Fees:					
	Fees f	es of Cor or Florid ied Copy icate of S	a Articles of :	Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DJW Investments of Florida, LLC	
(Must contain the w	ords "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 Address:	Mailing Address:
9001 Collins Avenue, Unit S605 Surfside, FL 33154	9429 Harding Avenue, #290 Surfside, FL 33154
	gent, Registered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual or another
business entity with an active Florida re	
•	
The name and the Florida stree	gistration.)
The name and the Florida stree	gistration.) t address of the registered agent are:
The name and the Florida stree Registered 155 Office F	gistration.) t address of the registered agent are: Agent Solutions, Inc. Name Plaza Drive, Suite A
The name and the Florida stree Registered 155 Office F	gistration.) t address of the registered agent are: Agent Solutions, Inc. Name
Registered 155 Office F	t address of the registered agent are: Agent Solutions, Inc. Name Plaza Drive, Suite A reet address (P.O. Box NOT acceptable) FL 32301
The name and the Florida stree Registered 155 Office F Florida str	Agent Solutions, Inc. Name Plaza Drive, Suite A reet address (P.O. Box NOT acceptable)
The name and the Florida street Registered 155 Office F Florida str Tallahassee Having been named as registed in the plane of the property	t address of the registered agent are: Agent Solutions, Inc. Name Plaza Drive, Suite A reet address (P.O. Box NOT acceptable) FL 32301

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Linda L. Weinstein
	9429 Harding Avenue, #290
	Surfside, FL 33154
	
•	
LE V: Other provisions, if any.	ration shall be December 31, 2023.
LE V: Other provisions, if any. ective date of these Articles of Organiz	ration shall be December 31, 2023.
(Use attachment if necessary) LE V: Other provisions, if any. ective date of these Articles of Organiz REQUIRED SIGNATURE:	ration shall be December 31, 2023.
LE V: Other provisions, if any. ective date of these Articles of Organiz REQUIRED SIGNATURE:	
LE V: Other provisions, if any. ective date of these Articles of Organiz	ration shall be December 31, 2023.
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	
REQUIRED SIGNATURE: Linda Wrinstria Signature of a member of any false information submitted in a document is executed in a document in a	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes, I am awar
REQUIRED SIGNATURE: Linda L. Weinstein Signature of a member of this document is executed in accordance any false information submitted in a document of the submitted in a document of	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes, I am awar
REQUIRED SIGNATURE: Lin La L. Weinstein Signature of a member of any false information submitted in a doct as provided for in s.817.155, F.S. Linda L. Weinstein	r an authorized representative of a member the with section 605.0203 (1) (b), Florida Statutes. I am awar tument to the Department of State constitutes a third degree