L 23000548595

(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.
. v.=.





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12/14/28--01001--009 **180.00

TALLASSEE FLORIDA

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o: Florida Division of Corporations

Filing Cover Sheet

rom: LESLIE SELLERS C/O Capitol Services, Inc.	
ate: 12/13/2023	
rans#: 1427250	
ntity Name:_ <u>JDW OF FLORIDA, LLC</u>	
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 ()
TATE FEES PREPAID WITH CHECK #_3621 FOR	\$180.00
LEASE RETURN:	
ertified-Copy_(XXX)Plain Stampe	d Copy ()
iood Standing () Certificate of Fa	ct ()

Phone: 855-498-5500



: Florida Division of Corporations

bm: LESLIE SELLERS C/O Capitol Services, Inc.

Filing Cover Sheet

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ans#: 1427250	
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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 ()
TATE FEEC DREDAID WITH CHECK # 2624 FOR \$100	00
TATE FEES PREPAID WITH CHECK # 3621 FOR \$180.	<u>00</u>
<u> LEASE RETURN:</u>	
Certified Copy (XXX) Plain Stamped Cop	y()
Good Standing () Certificate of Fact ()	

Phone: 855-498-5500

COVER LETTER

TO: New Filing Section Division of Corporations	
•	
SUBJECT:JDW of Florida, LLC (Name of	f Resulting Florida Limited Company)
Business Entity" into a "Florida Limited	articles of Organization, and fees are submitted to convert an "Other d Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concer	ning this matter to:
Tina Erales	
(Contact Person)	
Jones & Spross, PLLC	
(Firm/Company)	
1605 Lakecliff Hills Lane, Suite 100	
(Address)	
Austin, TX 78732	
(City, State and Zip Coo	
aallen@kaplanpc.com	
E-mail Address: (to be used for future annua	al report notifications)
For further information concerning this	matter, please call:
Tina Erales	at (281)910-8229
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following ar dollars and drawn on a bank located in t	mount: (All checks processed by this office must be payable in US the United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fe and Certificate of Status	es \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 Conversional JDW, LLC	ion is:
(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 busines	s trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the cou	intry)
July 27, 2015 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ	iization:
JDW of Florida, LLC	
(Enter Name of Florida Limited Liability Company)	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar date 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 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 arm which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	mount to
59.55 59.55	5
• • • • • • • • • • • • • • • • • • •	o

Signed this	12th	day of	December	20 <u>_23</u> .
Signature	of Autho	rized Repres	sentative of L	imited Liability Company:
Signature c	of Author	ized Renreser	ntative:	Lina da I Weina steina
Printed Nar	ne: Linda	L. Weinstein		Linda L. Wrinstrin. Title: Manager
Signature(s) on beh	alf of Other E	Business Entit	y: [See below for required signature(s)]
Signature:	/in	La L. Weins	tein	
Printed Nar	ne: Linda	L. Weinstein		Title: Manager
Printed Nar	ne:			Title:
Cianatura				
Drinted Mar				Title:
rimed ivai	ne			rue
Signature:				
Printed Nar	ne:			Title:
Signature:				<u> </u>
Printed Nar	ne:			Title:
Cianatura				
Signature:				Title:
Printed Ivai	110;			Title.
<u>lf Florida (</u>				
			man, Director,	
If Directors	or Office	rs have not be	en selected, ar	n Incorporator must sign.
If Florida (General F	artnership o	r Limited Lia	bility Partnership:
		eral Partner.		-
If Florida l	Limited P	artnershin o	r Limited Lia	bility Limited Partnership:
		eneral Partner		
4 II - 4b				
All others:	fan autho	rized person.		
Signature o	i an auno	rized person.		
Fees:				
Art	icles of C	onversion:		\$25.00
			f Organizatio	n: \$125.00
	tified Co		J	\$30.00 (Optional)
	tificate of	•		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JDW of Florida, LLC (Must contain the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
·	nationary company, burner, or bbc.
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9001 Collins Avenue, Unit S605	9429 Harding Avenue, #290
Surfside, FL 33154	Surfside, FL 33154
155 Office Plaza Drive, S	Name
Tallahassee	1.0. Box <u>NOT</u> acceptable)
Lauduassee	FL 32301
City	Zip

(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	Linda I. Malastala
MGR	Linda L. Weinstein
	9429 Harding Avenue, #290
	Surfside, FL 33154
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	anization shall be December 31, 2023.
LE V: Other provisions, if any. fective date of these Articles of Orga REQUIRED SIGNATURE:	
LE V: Other provisions, if any. fective date of these Articles of Orga	
LE V: Other provisions, if any. fective date of these Articles of Orga REQUIRED SIGNATURE: Linda L. Weinstein Signature of a member This document is executed in accord	
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a conductive.	or an authorized representative of a member lance with section 605.0203 (1) (b), Florida Statutes. I am aware document to the Department of State constitutes a third degree fe
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