L24000021484

(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:

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2024 JAN -5 AH 10: 50

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$__150.00____ AUTHORIZATION SIGNATURE: DASPE, LLC **BUSINESS** Document Walk in Pick up time Mail out Will wait ___ Photocopy __ Certified copy of Certificate of Status March 16, 2022. Certificate of Status **NEW FILINGS** <u>AMMENDMENTS</u> Profit Amendment ____Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability ____Dissolution/Withdrawal Domestication Merger Other CORP X Conversion **OTHER FILINGS** REGISTERATION/QUALIFICATIONS ___ Foreign filing _ _Annual Report ___Limited Partnership ____Fictitious Name Reinstatement ____ APOSTIL () _ Other Country

** FLORIDA CAPITAL COURIER SERVICES, INC-

EXAMINER'S INITIALS:

- FLORIDA CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$__150.00____ AUTHORIZATION SIGNATURE: DASPE LLC **BUSINESS** Document Pick up time Walk in Mail out __ Will wait Photocopy __ Certified copy of Certificate of Status March 16, 2022. __ Certificate of Status **NEW FILINGS** <u>AMMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger CORP X Conversion **OTHER FILINGS REGISTERATION/QUALIFICATIONS** Annual Report ___ Foreign filing Limited Partnership Fictitious Name Reinstatement ___ APOSTIL () **_** Other

EXAMINER'S INITIALS:



January 12, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DASPE LLC

Ref. Number: W24000003773

We have received your document for DASPE LLC. However, the document has not been filed and is being returned for the following:

Please fill out the first page of articles of conversion correctly and sign the second page in the section for authorized representitave as well.

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

Letter Number: 524A00000730

KAIN COSTELLO Regulatory Specialist II New Filing Section



COVER LETTER

TO:	New Filing S Division of C					
SHBJ	ECT: Daspe L	LC				
501311		(Name of Res	ulting	Florida Limi	ted Con	npany)
				-		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	e return all corre	espondence concernin	g this	matter to:		
Kiel G	ireen					
		(Contact Person)			_	
Emera	ald Law PLLC				_	
		(Firm/Company)				
4700	Sheridan St., ST	E J				
		(Address)			_	
Hollyv	vood, FL 33201					
_	((City, State and Zip Code)	•		-	
kiel@	emeraldlaw.us					
E-n	nail Address: (to b	e used for future annual re	port no	otifications)	-	
For fu	irther informati	on concerning this ma	iter, p	olease call:		
Kiel G	reen		at (772	332-1	1869
	(Name of Conta	ct Person)	(.) (Day	time Telephone Number)
		or the following amou a bank located in the		_	process	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	S155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: spe, Inc.
	(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 business trust, etc.)
Fir	St organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on	09/23/2019
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:
Da	spe LLC
-	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(Ti the <u>No</u>	the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after edate this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unnent's effective date on the Department of State's records.
	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 th	nis 1 day of January	2024
Signatur	re of Authorized Representative	of Limited Liability Company:
Cimptur	o of Authorized Depresentatives	Spencer Carter Title: MGR
Deleted M	lamin Spancar Carter	Title: MGR
rinted N	rame: Spencer Carter	Title. Mon
		ntity: [See below for required signature(s)]
Signature	:: Spencer Carter	Title: Chairman / CEO
Printed N	lame: Spencer Carter	Title: Chairman / CEO
Signature	:	Title:
Printed N	lame:	l'itle:
Signature	••	
Printed N	lame:	Title:
1 mica i		
Signature	::	
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Signature	•	
Printed N	 lame [.]	Title:
T T T T T T T T T T T T T T T T T T T		
If Florida	a Corporation:	
	of Chairman, Vice Chairman, Dire	
If Directo	ors or Officers have not been selecte	d, an Incorporator must sign.
		Trans. B
	a General Partnership or Limited of one General Partner.	Liability Partnership:
Signature	e of one General Farther.	
If Florida	a Limited Partnership or Limited	Liability Limited Partnership:
	es of ALL General Partners.	
Ŭ		
All other		
Signature	e of an authorized person.	
Fees:		
A	articles of Conversion:	\$25.00
_	reces of Conversion: lees for Florida Articles of Organiz	
	ees for Florida Articles of Organiz Tertified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)
~	TITLIBUTE OF CHICAGO	42.00 (OP.10.131)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(?	Must contain the words "Limited L	iability Company, "L.L.C" or "LLC.")			
ARTICLE II - A	Address:				
The mailing addr	ess and street address of the	ne principal office of the Limited Li	iability Company is:		
Principal Office Address:		Mailing Address:			
14700 Tamiami Tr	ail N	14700 Tamiami Trail N			
#24		#24			
Naples, FL 34110		Naples, FL 34110			
The name and the	n active Florida registration.) e Florida street address of		idual or another		
The name and the	_		idual of another		
The name and the	e Florida street address of Spencer Carter		idual of another		
The name and the	e Florida street address of Spencer Carter	the registered agent are:	iqual of another		
The name and the	Spencer Carter 14700 Tamiami Trail N.,	the registered agent are:	iqual of another		
The name and the	Spencer Carter 14700 Tamiami Trail N.,	the registered agent are: Name	iqual of another		
The name and the	Spencer Carter Spencer Carter 14700 Tamiami Trail N., Florida street address	Vame #24 (P.O. Box NOT acceptable)	iqual of another		

(CONTINUED)

Spencer Carter
Registered Agent's Signature (REQUIRED)

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	Spencer Carter		
MGR	14700 Tamiami Trail N.		
	#24		
	Naples, FL 34110		
			
TCLE V: Other provisions, if any.			
REQUIRED SIGNATURE:			
Spencer Carter			
			
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felon		
Spencer Carter			
Ty	ped 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)