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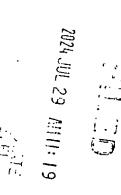
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO:	New Filing So Division of C							
CUD	DOT CO	MPLIANCE SERVICES	LLC					
SUB	JECT: DOT CO	(Name of Res		Florida Lin	nited Co	mpany)		
						nd fees are submitted to convert accordance with s. 605.1045, F.S		ther
Pleas	e return all corre	espondence concernin	g this	matter to	:			
місн	IAEL TABMAN							
DOT	COMPLIANCE S	(Contact Person) ERVICES LLC						
		(Firm/Company)						
8882	BASTILLE CIR V	V						
		(Address)						
PAR	KLAND, FL 33076	5						
MICH	((IAEL@DOT-COM	City, State and Zip Code) MPLY.COM	-		_			
E-1	mail Address: (to b	e used for future annual re	port no	otifications)				
For fi	urther information	on concerning this ma	tter, p	olease call	:			
MICH	HAEL TABMAN	_	_at (929	232	-3700		
-	(Name of Conta	et Person)		(Area Cod	e) (Da	lytime Telephone Number)		
		or the following amou a bank located in the	-		proces	ssed by this office must be paya	ble in U	JS
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles tanization)	☐\$155.00 Filing Fees and Certificate of Status		180.00 Filin Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	2024 J	
	Mailing Add New Filing Sometimes Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New Divis The 2415	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810	2024 JUL 29 AHII: 15	

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: DOT COMPLIANCE SERVICES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
05/08/2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DOT COMPLIANCE SERVICES 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 th	is <u>16</u>	_day of JULY		20		
Signatur	e of Authori	ized Representative of	f Limite	d/Liability Company:		
Signature	of Authorize	ed Representative:/	MU			
Printed No	ame: Mic V	API TAQMAJI	i	Title: Tresidan		
I I I I I I I I I I I I I I I I I I I	une. 111CF				-	
Clanature	v(c) on bobal	f of Other Business En	rity: IS	ee below for required signature(s)		
Signature	e(s) on behan	1 01 Aparter Business En	itity. Is	te below for reduited signature(s)]		
0'	///	1 1X		Title: PRESIDENT		
Signature	. VAICUAS	TARMANI		Tist. PRESIDENT	-	
Printed N	ame: MICHAE	LIADIVIAN		Title: TRESIDENT	-	
Signature	·				_	
Printed N	ame:			Title:	_	
Signature	·		<u>.</u> ,		_	
Printed N	ame:			Title:	_	
						
Signature					_	
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Signature	·			Tidle	_	
Printed N	ame:	<u> </u>		Title:	_	
	a Corporatio			er.		
		n, Vice Chairman, Direct				
If Directo	rs or Officers	s have not been selected	l, an Inco	erporator must sign.		
If Florida	a General Pa	artnership or Limited 1	<u>Liability</u>	Partnership:		
Signature	of one Gene	ral Partner.				
Ū						
If Florida	a Limited Pa	artnership or Limited I	Liability	Limited Partnership:		
		eneral Partners.				
5.6						
All other	·e•					
	of an author	rized person				
Signature	or air author	ized person.				
г.					:-	
<u>Fees:</u>						
				005.00		
A	articles of Co	onversion:		\$25.00		
F	ees for Flori	da Articles of Organiza	ation:	\$125.00		
C	Certified Cop	y:		\$30.00 (Optional)		:
	Certificate of			\$5.00 (Optional)	(1)	-
	J. C. COLLO OI				~ ,	_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Company	is:	
DOT COMPLIANCE SERV		7. C	<u> </u>
(Must conta	in the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address	.		
		principal office of the Limi	ited Liability Company is:
Principal Office Addres	ee,	Mailing Address:	
Trincipal Office Addites	33.	rianing ridaress.	
8882 BASTILLE CIR W		8882 BASTILLE CIR W	. <u>. </u>
PARKLAND, FL 33076		PARKLAND, FL 33076	
			
ARTICLE III - Registe (The Limited Liability Company business entity with an active F The name and the Florid	cannot serve as its own Re lorida registration.)	red Office, & Registered Agistered Agent. You must designate e registered agent are:	igent's Signature: an individual or another
MICH	HAEL TABMAN		
	Na	me	
8882	BASTILLE CIR W		
Flor	rida street address (P	O. Box NOT acceptable)	
PARI	KLAND	FL 33076	
	City	Zip	
liability company a registered agent and a statutes relating to th accept the obligation	t the place designated gree to act in this cap e proper and comple ons of my position of Registered Agent's S	l in this certificate, I hereby pacity. I further agree to con	nply with the provisions of all , and I am familiar with and
	(CONT	INUED)	

À	DT	ICI	137

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

"AMBR" = Authorized Member	
WACDU AC	
"MGR" = Manager	MICHAEL TARMAN
MGR	MICHAEL TABMAN
	8882 BASTILLE CIR W
	PARKLAND, FL 33076
	•
	<u>-</u>
(Use attachment if necessary)	ju i
(Ose attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
TLE V: Other provisions if any	
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	101
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REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document is a document in	with section 605.0203 (1) (b), Florida Statutes. I am aware the
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felton.
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the

Filing Fees