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(Requestor's Name)
(Address)
(Address)
,
(Civ. (Cu.) 77 (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartified Copies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

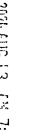
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LAW OFFICE OF STEPHEN D. DUNEGAN, P.A.

- Board Certified in Tax Law and Wills, Trusts & Estates

July 30, 2024

Via Fedex Standard Overnight

Florida Department of State New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Articles of Conversion- Four D Investments, LTD Articles of Organization-Four D Investments, LLC

Dear Sir or Madam:

Please find the enclosed cover letter along with the fully signed documents as follows:

- 1. Articles of Conversion for Four D Investments, LTD
- 2. Articles of Organization for Four D Investments, LLC

Also, please find enclosed our law firm check in the amount of \$ 155.00, for the filing of the above-stated documents.

In the event you cannot file the documents for any reason, please contact me immediately. Thank you for your assistance.

Sincerely yours.

Stephen D. Dunegan

SDD/gw Enclosures

cc: David Strube (without enclosures)

COVER LETTER

	ew Filing Sovision of C	ection orporations				
SUBJEC'	FOLI	R D INVESTMENTS, LL	С			
SUBJEC	1:	(Name of Res	sulting Florida Lim	ted Con	npany)	
		s of Conversion, Artic a "Florida Limited Li	-			
Please retu	urn all corre	espondence concernin	g this matter to:			
Stephe	n D. Dunega	an				
		(Contact Person)		-		
Law Of	fice of Steph	en D. Dunegan				!>3
		(Firm/Company)		_		r 3
55 Nort	th Dillard Str	eet				55
		(Address)		_		<u> </u>
Winter	Garden, FL	34787				772 105 13 14 7:47
	((City, State and Zip Code)	-	_		<u></u>
steve@)duneganlav	v.com				47
E-mail /	Address: (to b	e used for future annual re	port notifications)	_		
For furthe	r informati	on concerning this ma	tter, please call:			
Stephe	n D. Dunega	an	_at (<u></u> 407	654-9	9455	
(N	ame of Conta	ct Person)	(Area Code) (Day	time Telephone Number	
		or the following amou a bank located in the		process	sed by this office mu	st be payable in US
\$150.00 (\$25 for Co & \$125 for of Organiza	nversion Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	•	□\$185.00 Filing Fees Certified Copy, and Certificate of Status	,
Ne Di P.	ailing Add ew Filing Solvision of C O. Box 632 Allahassee, I	ection orporations 7		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, St	

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.

l.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FOUR D INVESTMENTS, LTD. ACCOUNTY ACC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a limited partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
or	October 17, 2000
O1	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Four D Investments, LLC
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
	e date this document is filed by the Florida Department of State.)
	vte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 this 29th day of July	2024	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: David K. Strube	Title: Manager	_
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s)]	
Printed Name: David K. Strube	Title: General Partner	_ _
allowing on otto		_
Printed Name: Denise M. Strube	Title: General Partner	_
Signature:Printed Name:	Title	_
Signature: Printed Name:	Title	2021 AUS 13
		- <u>*</u>
Signature:Printed Name:	T'A	ω
Printed Name:		
Signature:		
Printed Name:	Title:	7:47
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		7
If Florida General Partnership or Limited Liabili Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili 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 COMPANY

The name of the	Limited Liability Con	npany is:	
FOUR D INVE	STMENTS, LLC		
(Must contain the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	Address:		
The mailing addi	ress and street address	of the principal office of the Limi	ted Liability Company is
Principal Office Address:		Mailing Address:	
5 Oakdale Street		P.O. Box 222	
Windermere, FL 3	4786	Windermere, FL 34786	
			
(The Limited Liability	Registered Agent, Recompany cannot serve as its an active Florida registration.)	egistered Office, & Registered A own Registered Agent. You must designate a	gent's Signature:
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate a	un individual or another
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate a	in individual or another
(The Limited Liability business entity with a	Company cannot serve as its in active Florida registration.) e Florida street addres	own Registered Agent. You must designate a	in individual or another
(The Limited Liability business entity with a	Company cannot serve as its in active Florida registration.) e Florida street addres	s of the registered agent are: Name	in individual or another
(The Limited Liability business entity with a	Company cannot serve as its in active Florida registration.) e Florida street addres David K. Strube 5 Oakdale Street	s of the registered agent are: Name	in individual or another
(The Limited Liability business entity with a	Company cannot serve as its in active Florida registration.) e Florida street addres David K. Strube 5 Oakdale Street	s of the registered agent are: Name	in individual or another

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	David K. Strube	
	P.O. Box 222	
	Windermere, FL 34786	· · -
MGR	Denise M Strube	
	P.O. Box 222	
	Windermere, FL 34786	
MGR	Darcy S. Capehart	
	5526 West Lake Butler Road	
	Windermere, FL 34786	
		: -
MGR	Dillon K. Strube	17,33
	8 Winters Landing	ومناسع والمساور
	Oakland, FL 34787	2-4-1
		(GC) =
(Use attachment if necessary)		
		· · · · · · · · · · · · · · · · · · ·
		٤٠.
LE V: Other provisions, if any.		7
ted liability company shall be a manage	er-managed limited liability company.	
<u>REQUIRED</u> SI GNATURE:		
(2) // (2)	0+	

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

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.

David K. Strube

Typed 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)