

P/300094346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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11/19/13--01028--005 **122.50

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
13 NOV 19 PM 12:59

[Signature]
11/20/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: D LAW GROUP, P.A.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

DUANE E. BAUM
Contact Person

D LAW GROUP, P.A.
Firm/Company

1200 SOUTH PINE ISLAND ROAD, SUITE 600 #7
Address

PLANTATION, FLORIDA 33324
City, State and Zip Code

DBAUM@D-LAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUANE E. BAUM at (917) 676-0249
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 19 PM 12:53

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

D LAW GROUP, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on FILED ELECTRONICALLY SEPTEMBER 26, 2013 - EFFECTIVE
Enter date "Other Business Entity" was first organized, formed or incorporated

SEPTEMBER 25, 2013

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

D LAW GROUP, P.A.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 15th day of NOVEMBER, 2013.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: DUANE E. BAUM Title: PRESIDENT / ATTORNEY

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: DUANE E. BAUM Title: MGRM

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 19 PM 12:58

ARTICLE I NAME

The name of the corporation shall be: D LAW GROUP, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address: 1200 SOUTH PINE ISLAND ROAD
SUITE 600, #7
PLANTATION, FLORIDA 33324

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE ORGANIZATION IS TO
PROVIDE LEGAL SERVICES AS A LAW FIRM.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DUANE E. BAUM (PRES) Name and Title: _____

Address: 2025 SACRAMENTO Address: _____
WESTON, FLORIDA 33326

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DUANE E. BAUM

Address: 1200 SOUTH PINE ISLAND ROAD, SUITE 600
PLANTATION, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

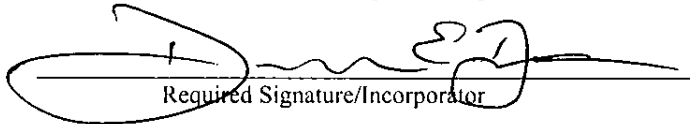
Name: DIVANE E. BAUM
Address: 2025 SACRAMENTO
WESTON, FLORIDA 33326

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

11/15/13
Date

I submit this document and affirm that the facts stated herein are true. 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.


Required Signature/Incorporator

11/15/13
Date