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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

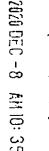
J. FASON

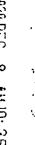
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COVER LETTER

TO: New Filing Section	£ ,		* (:
DMT LEVEL. CORP SUBJECT:	D 1. 121 22	D	· · · · · · · · · · · · · · · · · · ·	•
Name of .	Resulting Florida	i Pront C	, orporation	
The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in account	f Incorporation, a ordance with ss. (ind fees 307,119,	are submitted to convert the foliations & 607.0202, F.S.	llowing eligible
Please return all correspondence concerning this	s matter to:			
PAULINA LEE				
Contact Person		-		
DMT LEVEL, CORP				
Firm/Company		-		
185 SW 7TH ST UNIT 3509				
Address		-		
MIAMI, FL 33130				
City, State and Zip Code	· · - · · · · ·	_		
Infodmtlevel@gmail.com				
E-mail address: (to be used for future annu	al report notifica	ition)		
For further information concerning this matter, paulina LEE	please call: 305 at (713-4	1478	
Name of Contact Person		ode and	Daytime Telephone Number	
Enclosed is a check for the following amount:				
☐ \$105.00 Filing Fees	□\$113.75 Filin and Certified C	-	☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Address. New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New F Division The Co 2415 N	Address: Gling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

1. The name of the Convercing Entity immediately prior to the filing of the Articles of Conversion is: DMT LEVEL, LLC
Enter Name of the Converting Entity
Limited Liability Company
2. The converting entity is a
FLORIDA
first organized, formed or incorporated under the laws of
07/31/2020 on
Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> DMT LEVEL, CORP
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
our environment and a contraction of the contractio
5. If not effective on the date of filing, enter the effective date:

\$8.75 (Optional)

Certificate of Status:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME DMT LEVEL CORF			
ARTICLE II	PRINCIPAL OFFICE			
The principal pl	ace of business/mailing address is:			
	Principal street address		Mailing address	i, if different is:
185 SW 7TH	ST UNIT 3509	185 S	W 7TH ST UI	VIT 3509
MIAMI, FL 3	3130	MIAM	I, FL 33130	
	PURFOSE or which the corporation is organized is:			
				2020 DE
				<u>CO</u>
ARTICLE IV The number of	SHARES 1000 shares of stock is:			- : ω
ARTICLE V	OFFICERS AND/OR DIRECTORS			
Name and Title	RICARDO MIGUEL PONTILLO Z	Name and Title		OLDAN ESCALANT
Address:	185 SW 7TH ST UNIT 3509	Address: MI		ST UNIT 3509
Address.	MIAMI, FL 33130		MIAMI, FL 3	3130
Name and Title	21 <u></u>	Name and Title	:	
Address:		Address:		
Name and Title	2	Name and Title	· ·	
Address:		Address:		

	E VI REGISTERED AGENT	
The name	and Florida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
	PAULINA LEE	
Name:		
	185 SW 7TH ST UNIT 3509	
Address:		
	MIAMI. FL 33130	
******	**************	**************************************
**************************************	en named as registered agent to accept service of pro	**************************************
********** Having be this certific	cate, I am familiar with and accept the appointment a	**************************************
********** Having be this certific	en named as registered agent to accept service of proceeds. I am familiar with and accept the appointment as	**************************************
********* Having be this certific	cate, I am familiar with and accept the appointment a	registered agent and agree to act in this capacity