25000052916

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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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W24000043331
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Office Use Only



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March 18, 2024

CANEEL JOHNSON 6586 DAVID BLVD PORT CHARLOTTE, FL 33981 US

SUBJECT: DIGITAL TRANSFORMATION CONSULTANTS LLC.

Ref. Number: W24000043331

We have received your document for and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

Letter Number: 024A00005790

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

SUBJECT: Dia	tal Trans	Sormation ulting Florida Limited Con	Consultants LLC.
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Caneel -	(Contact Person)		
Digital transformation Consultants LLC (Firm/Company)			
0586 Davi	Address)		
Part Clark	Olde FL 3	3281	
Concel Odt Class (to be used for future annual report notifications)			
For further information	on concerning this mat	iter, please call:	
Cane of Conta	ct Person)	/	nime Telephone Number)
	or the following amou a bank located in the l	•	sed by this office must be payable in US
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□S180.00 Filing Fees and Certified Copy	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S			t Address: Filing Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: New Filing Section

Division of Corporations

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.

ess Entity)
artnership, general partnership, common law or business trust, etc.)
Washington State of Enter state, or if a non-U.S. entity, the name of the country)
Enter state, or if a non-U.S. entity, the name of the country)
as set forth in the attached Articles of Organization:
lity Company)
o1/01/2024 t or filed date nor more than 90 calendar days after ment of State.) estatutory filing requirements, this date will not be listed as the
- i (

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 9 day of August	_20_24
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Correction Printed Name: Correct Solvison	Title: OWNEY
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: (1. Mel	
Signature: Consel Janhon Printed Name: Consel Janhon	Title: Owner
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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 Company is:
Digital Transformation Consultants LLC. (Must contain the words "Limited Eiability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Malling Address:</u>
6586 David Blud Port Clarlotte, FL 33981	Same
	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Cancel Johnson
Name

6586 David Blud

Florida street address (P.O. Box NOT acceptable)

Pord Clouder FL 33981

City Zip

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 Agenc's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Amb	Cancel When 6586 Device Blus. Port Charlotte, FL 33981
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REOUIRED SIGNATURE	

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 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.

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)

SPECIFICATION OF STATE OF STAT