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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer.	
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02/27/24--01015--003 \*\*25.00

06/21/24--01038--011 \*\*80.00

2025 JAN 27 AMII: 05



March 18, 2024

DIMARI MORGAN 14106 SW 281ST TER HOMESTEAD, FL 33033 US

SUBJECT: DM PROFESSIONS LLC Ref. Number: W24000043354

There is a fee of \$80.00 due.

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.

You have filled out the incorrect for please return the attached correct form as well as a check for the difference owed to be filed..

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 424A00005792





### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "eligible business entity" into a "Florida Profit Corporation" pursuant to section 607.11933. Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Filing Fees: \$105 (\$35 Conversion Fee and \$70 for Florida

Profit Articles of Incorporation)

Certified Copy (optional): \$8.75

Certificate of Status (optional): \$8.75

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### **Mailing Address:**

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### Street Address:

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

For further information, you may contact the New Filings Section at (850) 245-6052.

IMPORTANT INFORMATION: Pursuant to section 607.1622 (9). F.S., "As a condition of a conversion of an entity to a corporation under s. 607.11930, the entity, if it exists under the laws of this state or if it exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of conversion are submitted to the department for filing."

CR2E105 (1/20)

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: DM Profession LL C Name of Resulting Florida Profit Corporation
Name of Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:
DIMANI MORGAN  Contact Person
Dn Professions LLC Firm/Company
14106 Sw 28157 Terz
Homestend FL 33 033 City, State and Zip Code
Mongandimani OS Q. Gmail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dimari Morgary at (786) 5217284  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{10}{2}\$105.00 Filing Fees   \$\Bigsig \text{\$\subset}\$113.75 Filing Fees and Certificate of Status   \$\Bigsig \text{\$\subset}\$113.75 Filing Fees   \$\Bigsig \text{\$\subset}\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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 Converting Entity immediately prior to the filing of the Articles of Conversion is:
DM Professions LLC Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a LLC
(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 <u>Flow, det</u> (Enter state, or if a non-U.S. entity, the name of the country)
8/2/2022
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>
DM Propersions Inc
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.
5. If not effective on the date of filing, enter the effective date: 8/2/22.  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
Department of State.)
<u>Note:</u> 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.

Signed this 30 day of APRIL	. 20 <u>24</u> .
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Officers  Frinted Name: Diman Mongaritie: Passes	·
	a partnerships, limited partnerships, and limited liability
Printed Name: Dimar Magan	Title: President
Signature:	
Printed Name:	_Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability L Signatures of <u>ALL</u> General Partners.	<u>limited Partnership:</u>
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

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

The name of the corporation shall be:	Professions INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is	S:
Principal street address 14106 Sw 28157 Hownestead FC 330	Tev Mailing address, if different is
18mestead 1-6 330	)30
e purpose for which the corporation is organi	ized is: ULU/ BUSCINE 55
te number of shares of stock is: $\frac{100}{100}$	
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e number of shares of stock is: \( \begin{aligned} \int OO & \int O \\ \int \end{aligned} \)  RTICLE V OFFICERS AND/OR DIRE  The and Title: \( \begin{aligned} \int \text{Aligned} \text{Mong} \\ \int \text{Aligned} \\ \int A	ECTORS  Name and Title:
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ne number of shares of stock is: 100, 0  RTICLE V OFFICERS AND/OR DIRE  ume and Title: Din Ani Mongr  Idress: 14106 Sw 281  Homes tard fle	ECTORS  AND Name and Title:  STEAL Address:
ne number of shares of stock is: \( \begin{aligned} \int \text{OC}_1 & \text{O}_2 & \text{OC}_1 & \text{OC}_2 & \text{OC}_1 & \text{OC}_2 & \t	ECTORS  AND Name and Title:  STEPL Address:  2 3 30 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Address: 14106 SW281  Homestard fle  Rame and Title:	Name and Title:  SI Tarl Address:  Address:  Name and Title:  Address:

ARTICLE VI REGISTERED AGENT

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

Name: Dimani Mongian

Address: 14106 SW 28/st ten

Homeitond F433038

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

9/30/24 Date

LECKE PARK OF STATE