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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 OCT 13 AHII: 5

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 027785 8146120 AUTHORIZATION : COST LIMIT : \$ 150.00 ORDER DATE: September 23, 2021 ORDER TIME : 10:37 AM ORDER NO. : 027785-015 CUSTOMER NO: 8146120 DOMESTIC FILING NAME: DIMOTTA INTERNATIONAL LLC EFFECTIVE DATE: XX ____ ARTICLES OF CONVERSION & ARTICLES OF ORGANIZATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

COVER LETTER

10:	Division of Cor					
SUBJ	ECT. DiMotta Inte	emational LLC				
.90 190	LC1	(Name of Resu	lting	Florida Limited	d Comp	any)
				-		fees are submitted to convert an "Other ordance with s. 605.1045, F.S.
Please	return all corresp	ondence concerning	this	matter to:		
Jennife	er DiMotta					
		(Contact Person)				
DiMott	a International LLC	•				
		(Firm/Company)				
2181 F	NE 62nd Court					
	- , 	(Address)				
Fort L	auderdale, FL 333					
	(Cit	y, State and Zip Code)				
	tta@dimottaintema					
E-1	nail Address: (10 be	used for future annual rep	nit n	otifications)		
For fi	irther information	n concerning this mat	ter,	please cull:		
Jenni	fer DiMotta		яt	(⁷²⁰	800-2	
	(Name of Contac	t Person)		(Area Code)	(Dayt	ime Telephone Number)
dolla	osed is a check to rs and drawn on a	or the following amou a bank located in the	Unii	ea States)		ed by this office must be payable in US \$\int\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	an	\$180.00 Filing d Certified Cop	y Y	Certificate of Status
	Mailing Addr New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7			New Divis	t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

2021 UCT 13 PM 12: 30

Articles of Conversion For "Other Business Entity"

SPOREDUM OF STATE MALEMASSEE, FL

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.

 The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: DiMotta International LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability corporation (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.)
First organized, formed or incorporated under the laws of
on $\frac{7/27/307}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
DiMotta International LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) Note: 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.
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 11th day of September	_ 20
Signature of Authorized Representative of Limit	ed Liability Company
Signature of Authorized Representative: Printed Name: Jennifer DiMotta	Vitle: Founder
Signature(s) on behalf of Other Business Entity:	San halom for manningd singularity
signature (spoil beautiff of Other Business Finite).	oge below for required signature(s)
Signature:	
Signature: Printed Name: Land Or MoHa	Title: Please Member
_ //	
Signature:	1871.4
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	_Title:
Signature:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DiMotta Internatio	nal LLC			
1	Must contain the words "Limited Lial	oility Company, "L.4. C.," or "LLC.")		
ARTICLE II - 7	Address:			
The mailing add	ress and street address of the	principal office of the Limited Liabil	ity Company is:	
Principal Office	Address:	Mailing Address:		
2161 NE 62nd Court		2161 NE 62nd Court		
Fort Lauderdale, FL 33308		Fort Lauderdale, FL 33308		
ARTICLE III -	Registered Agent, Register	Fort Lauderdale, FL 33308 red Office, & Registered Agent's Significated Agent. You must designate an individual	or another	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register	red Office, & Registered Agent's Sig gistered Agent. You must designate an individual	or another	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Re in active Florida registration.) e Florida street address of the	red Office, & Registered Agent's Sig gistered Agent. You must designate an individual	or another PO UC	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Re in active Florida registration.) e Florida street address of the CORPORATION S	red Office, & Registered Agent's Signistered Agent. You must designate an individual se registered agent are:	or another SPI UC I 13	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Re in active Florida registration.) e Florida street address of the CORPORATION S	red Office, & Registered Agent's Signstered Agent's Signstered Agent. You must designate an individual se registered agent are: ERVICE COMPANY	or another SPI UC I 13	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Re an active Florida registration. c Florida street address of the CORPORATION S No. 1201 HAYS ST	red Office, & Registered Agent's Signstered Agent's Signstered Agent. You must designate an individual se registered agent are: ERVICE COMPANY	or another SPI UC I 13	
ARTICLE III - (The Limited Liability business entity with a	Registered Agent, Register Company cannot serve as its own Re an active Florida registration. c Florida street address of the CORPORATION S No. 1201 HAYS ST	red Office, & Registered Agent's Signstered Agent's Signstered Agent. You must designate an individual be registered agent are: ERVICE COMPANY	or another PO UC	

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.

Weikind, assistant va president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Jennifer DiMotta
MGR	2161 NE 62nd Court
	Fort Lauderdale FL 33308
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE: /	Le

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)

Typed or printed name of signee

Jennifer DiMotta