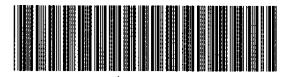
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
M THOMAS				
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SECRETARY OF STATE
TALLAHASSEE BLOSBIDA de SECRETARIONS
TALLAHASSEE BLOSBIDA de SECRETARIONS



1203 Governors Square Blvd. Tallahassee, Ft. 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 11, 2007

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 6899224 SO

Customer Reference 1: 034284

Customer Reference 2: 3

Dear Secretary of State, Florida:

Please obtain the following:

The Event Studio LLC (FL) Formation Florida

The Event Studio LLC (FL) Conversion Florida

The Event Studio LLC (FL)
Obtain Document - Misc - Certified Copy of Conversion
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

07 APR 11 PM 2: 38



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ct legal solutions.com

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

I. The name of the "Other Business Entity" immediately prior to the filing of this					
Certificate of Conversion is: The Event Studio LLC (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a limited liability company					
					(Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)
					irst organized, formed or incorporated under the laws of Massachusetts
(Enter state, or if a non-U.S. entity, the name of the country)					
on2/5/2007					
(Enter date "Other Business Entity" was first organized, formed or incorporated)					
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:					
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:					
The Event Studio LLC					
(Enter Name of Florida Limited Liability Company)					

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: MAY 147 207.

(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 Organization, if an effective date is

Signed this 2nd day of April 2007

Signature of Authorized Person: WY Title: Manager

Printed Name: Soosie L. Lazenby Title: Manager

Fees:

listed therein.)

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Event Studie		
(Must end with the words " "L.C.,")	Limited Liability Co	mpany, "Limited Company" or their abbreviation "LLC,"
ARTICLE II - Add		
The mailing address Liability Company i		ess of the principal office of the Limited
Principal Office Address:		Mailing Address:
6 Belleview Boulev	ard #208	same
Belleair, FL 33756		
Signature:	npany cannot serve a	Registered Office, & Registered Agent's sits own Registered Agent. You must designate an on.)
The name and the Fl	orida street add	ress of the registered agent are:
	Soosie L. Laze	enby
-	6 Belleview Bo	Name ulevard, #208
	Florida street ad	Idress (P.O. Box NOT acceptable)
_	Belleair	33756

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 608, F.S.

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

1

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	Soosie L. Lazenby	,	
MGR	6 Belleview Boulevard, #208		
	Belleair, FL 33756	国图	
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		表記	
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		7. 2	
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	(Use attachment if necessary)		
APPEARING NO. NO. 10.00 at 1. d.a. 10. at 1. d.a. at 1.			
RTICLE V: Effective date, if other than th	e date of filing:	·	
PTIONAL)	. h	, - 6	
an effective date is listed, the date must	•	1 live	
siness days prior to or 90 days after the d	iate of ming.)		
REQUIRED SIGNATURE:	()		
RECORED SIGNATURE:			
Signature of a member or an au	ithorized representative of a membe	er.	
(In	400(2) Physids Dandada alla consection	_	
	.408(3), Florida Statutes, the executior ffirmation under the penalties of perjui		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Soosie L. Lazenby

that the facts stated herein are true.)

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)