# L21000530258

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
FEB 1 4 2025					

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DATE:

02/13/2025

NAME:

MIXED BY KOEN HELDENS, LLC

TYPE OF FILING: CONVERSION

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO:	Division of C				
SUBJ	ECT: MIXED B	BY KOEN HELDENS, LL	С		
OOD		Name of Florida	Limited Liability Co	nipany	
Limite		s of Conversion and fompany" into an "Othe			
Please	e return all corr	espondence concernin	g this matter to:		
MARK	K MILSTED				
	· · · · · · · · · · · · · · · · · · ·	Contact Person	***************************************		
ICON	AC NY INC				
	-	Firm/Company			
10250	CONSTELLATIO	ON BLVD STE 2300D			
	•	Address			
LOS A	ANGELES, CA, 90	0067			
	C	ity, State and Zip Code			
mixed	bykoenheldens@ie	con-bm.com			
		be used for future annual i	eport notification)		
For fu	ırther informati	on concerning this ma	tter, please call:		
MARK MILSTED			at ( 323	41922	55
N	lame of Contact Po	erson			me Telephone Number
Enclo	sed is a check f	or the following amou	int:		
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing F and Certified Copy		S60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CR2E106 (05/17)

# Articles of Conversion For Florida Limited Liability Company

# FILED 2025 FEB 13 PM 2: 14

## Into "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:					
MIXED BY KOEN HELDENS, LLC					
Enter Name of Florida Limited Liability Company					
2. The name of the "Converted or Other Business Entity" is:					
MIXED BY KOEN HELDENS, LLC					
Enter Name of "Converted or Other Business Entity"					
3. The "Converted or Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)  CALIFORNIA					
organized, formed or incorporated under the laws of CALIFORNIA (Enter state, or if a non-U.S. entity, the name of the country) The formation document is attached (if applicable).					
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.					
5. This conversion shall be effective in Florida on:  (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 of the conversion under the laws governing the "Other Business Entity.")					
<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.					

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	10250 CONSTELLATION BLVD ST	E 2300D		
	LOS ANGELES, CA, 90067			
Mailing Address:	10250 CONSTELLATION BLVD STE 2300D			
	LOS ANGELES, CA, 90067			
	Other Business Entity" has agree amount to which such members 1072, F.S.			
Signed this	JANUARY day of	. 20_25		
Signature:	Must be signed by a Member or Au	uthorized Representative		
Printed Name: KOEN	HELDENSTitle:	MBER		
Fees: Filing Fee: Certified Copy Certificate of	•	)		

#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SHRI	FCT. MIXED I	BY KOEN HELDENS, LL	С			
30 <b>0</b> 0	LC1	Name of Florida	Limited Liability Compan	y		
Limite			ee(s) are submitted to c r Business Entity" in a			
Please	return all corr	espondence concernin	g this matter to:			
MARK	KMILSTED					
<u></u>		Contact Person				
ICON	AC NY INC					
<del></del>		Firm/Company				
10250	CONSTELLATION	ON BLVD STE 2300D				
		Address				
LOS A	NGELES, CA, 9	0067				
	(	City, State and Zip Code				
mixedl	bykoenheldens@i	con-bm.com				
	_	be used for future annual	report notification)			
For fu	rther informati	on concerning this ma	atter, please call:			
MARK MILSTED			at ( <u>323</u> ) <u>419</u>	2255		
Name of Contact Person			time Telephone Number			
Enclo	sed is a check	for the following amou	ınt:			
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	S55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

CR2E106 (05/17)