

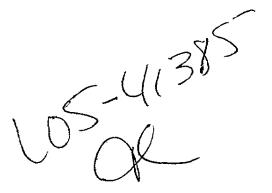
(Requestor's Name)
,
(Address)
(Address)
(Cit. (Chat. 7); Dhana 19
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Columba copies
Special Instructions to Filing Officer:
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04/22/05--01025--020 **155.00





TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	Red Sail Productions,	LLC	
	(Name of Limited	Liability Company)	
	Organization and fee(s) are su	-	
riease remin an correspo	Miderice concerning and maner	to the tollowing.	
	Leslie Anderson		
	(1)	lame of Person)	
	Red Sail Product	tions, LLC	
	(i	irm/Company)	
	1204 Gallant Fo	ox Way	
		(Address)	
	Chuluota, FL	32766	
	(City/	State and Zip Code)	
For firther information	concerning this matter, please	nail:	
TO Turdles information	concerning this matter, prease of	can.	
Leslie Anderson		at (407-) 366-7563	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

	Red Sail Productions	
	Acc out Foundations	
	he date on which and the jurisdiction in which the unincorporated lerwise came into being are: Date: September 20, 2004 Jurisdiction: Seminole County, Florida If different from the above noted jurisdiction, the jurisdiction imports conversion:	er Lag
THIRD: The organization is	name of the limited liability company as set forth in the attached is:	articles of
·	Red Sail Production, LLC	<u> </u>
	Signature of a Member or an Authorized Representative of a Memory (In accordance with section 608.408(3), Florida Statutes, the execution of this deconstitutes an affirmation under the penalties of perjury that the facts stated here	ocument
	Leslie Anderson	
	Typed or Printed Name of Signee	SECFETTARY OF ST
	FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional)	oh 2: 36

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

\$ 5.00 Certificate of Status (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Red Sail Productions, LLC				
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1204 Gallant Fox Way	Same as Principal Office Address			
Chuluota, Florida 32766				
Florida Chuluota,	Ierson Name ant Fox Way a street address (P.O. Box <u>NOT</u> acceptable) Fl 32766 FL ity, State, and Zip			
Having been named as registered ager liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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 "MGRM" = Managing Mem	Name and Address:
Mar	Leslie Anderson, MGR
11117	1204 Gallant Fox Way
	Chuluota, Florida 32766
 	
a	
(Use attachment if necessary	y)
NOTE: An additional arti	icle must be added if an effective date is requested.
REQUIRED SIGNATURE	C:
	bolie Aderson
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
	Leslie Anderson
	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)

2305 APR 22 PH 2: 37
SECTED YES ELECTED.