# L080000 45673

(Requestor's Name)			
(Address)			
(Address)			
(City/State	e/Zɪp/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
Will pick	if .		
,			

Office Use Only

B. KOHR

MAY 8 2008

**EXAMINER** 



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RECEIVED

08 MAY -7 PM 5: 00

09 MAY -7 PM 5: 00

B. KOHP

EXAMINALH

MAY



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Connittee Entertainment LLC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Paul Compbul Subartion Solmo (Contact Person)  Comnittee Entertainment (Firm/Company)  2526 Nugger Lane (Address)
(Firm/Company)
1526 Nogger Land
For further information concerning this matter, please call:  Subastian Solmo at (754) 240-4955 82 8
(City, State and Zip Code)
For further information concerning this matter, please call:
Subastian Solmo at (954) 240-4955 & C.  (Name of Contact Person) (Area Code and Daytime Telephone Number)
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy \$125 for Articles of Organization) \$155.00 Filing Fees \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section  MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

### Certificate of Conversion For

### "Other Business Entity" Into

## Florida Limited Liability Company

OOMA TILED M. O. O. 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a fold proprietorship, (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of \( \frac{\fir}{\frac				
on Aug. 12, 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:				
(Enter Name of Florida Limited Liability Company)				

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this day of	20 <u>0</u> .
Signature of Authorized Person:	
Printed Name: Schwitch SolmoTitle	; 
	,
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the wor	ds "Limited Liability Company," th		designation
ARTICLE II - A The mailing addre Liability Compan	ess and street address of the	e principal office of the	Limited
Principal Office	Address:	Mailing Address:	
2526 Nuchas	5 th Lange FL, 32303	tallahania	FL 32363
Signature: (The Limited Liability of individual or another business entity with an The name and the Having been not	med as registered agent and	registered Agent. You must design the registered agent are:  Solmo  The Control  O. Box NOT acceptable  Let FL 32305  tate, and Zip  Ito accept service of pro-	FILED
hereby accep capacity. I furth the proper and	ited liability company at the t the appointment as registe her agree to comply with the complete performance of m ligations of my position as r Chapter 608,	red agent and agree to a provisions of all statutes y duties, and I am familia egistered agent as provia	act in this s relating to ar with and
	5	<i>,</i>	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Schooten Solmo 2526 Nossit Lane talla hasse FL, 32303	
MCIM	Paul Campbell 2576 Nugget Lone tallabour Gr 32363	
MGRM	10 hasz + 7202 ==2526 Nugger +2112401110 FC 32302	
—		
	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.		
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
Typed or printed name of signee		
Filing Fees:	u name of signee	

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

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