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(Re	questor's Name)	
———(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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T. HAMPTON

NOV - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Impact Entertainment Services UC (Name of Resulting Florida Limited Company)
' (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:
Joshua Gair (Contact Person) Impact Entertainment Services (Firm/Company)
(Firm/Company)
1740 Adams Street (Address)
Longwood, FL 32750 (City, State and Zip Code)
For further information concerning this matter, please call:
Toshua Cair at (407) 925-4107 (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 (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section 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

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:					
Impact Entertainment Services .					
Impact Entertainment Services (Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a <u>fictificus name</u> . (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 Florida (Enter state, or if a non-U.S. entity, the name of the country)					
on March 7, 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:					
Transact Finland-Sument Comicas 110					
Impact Entertainment Services LLC. (Enter Name of Florida Limited Liability Company)					
5. If not effective on the date of filing, enter the effective date: (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 listed therein.)					
Page 1 of 2					

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Signed this day of		_ 20	
Signature of Member or Authorized		_	
Signature of Member or Authorized R Printed Name: Solum Gali	epresentative	: <u>Joshua</u> St Title: <u>Preside</u>	rat
Signature(s) on behalf of Other Busin	-	-	_
Signature: Joshua Haria Printed Name: Joshua Gair	,	Title: Prop S Col pa	<u> </u>
Signature:Printed Name:			
Printed Name:		Title:	
Signature:			,
Printed Name:		Title:	
Simulation.			
Signature:Printed Name:		Title [,]	
Trinou Ivanio.			
Signature:Printed Name:			
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Signature:			
Printed Name:	·· · · · · · · · · · · · · · · · · · ·	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se			
If Florida General Partnership or Lin Signature of one General Partner.	nited Liability	y Partnership:	
If Florida Limited Partnership or Lin Signatures of <u>ALL</u> General Partners.	nited Liability	Limited Partnership	<u>):</u>
All others: Signature of an authorized person.			
Fees:			
Certificate of Conversion: Fees for Florida Articles of Org Certified Copy: Certificate of Status:	ganization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	2000 NOV - 3 SECRETARY O
	Page 2 of 2		P 1: 48 OF STATE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Impact Entertainment Services LLC (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "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:
1740 Adams Street 1740 Adams Street Longwood, FL 32750
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Joshua Gair
Name 1740 Adams Street Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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
Osl 91 Es s
Registered Agent's Signature (REQUIRED)
(CONTINUED) Page 1 of 2 (CONTINUED) SSEE F STATE OR
IDE 48

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

itle:	Name and Address:
MGR" = Manager MGRM" = Managing Member	
	f
MGRM'	Joshua Gair
	1740 Adams Stree
	Longwood, FL 3275
	\mathcal{J}
	
	(Use attachment if necessary)
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