# L11000049486

(Requestor's Name)  (Address)	200286684632		
(Address)			
(City/State/Zip/Phone #)	·		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)	06/10/1601032005 **25.00		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	ZORETWAY TO THE		
	ASSEE, FLO		

Office Use Only

13UN 11 15 2016 ) BRUCE

# **COVER LETTER**

TO: Registration S Division of C					
SUBJECT: $\angle A$	Product	ions Survi	ces LLC		
	Name of Florida	Limited Liability Company	y		
The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.					
Please return all corre	espondence concernin	g this matter to:			
LUANNE	ALLGOOD  Contact Person				
LA Production Services, LLC Firm/Company					
•	Firm/Company				
150 Sor	vel Tree	Ln.			
	Address				
YISgah	JOVEST,	NC 28/6	8		
<i>O</i> c	ity, State and Zip Code	Ln. NC Z876			
Luanne O co LA LA. CIM E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this ma	tter, please call:			
LUDANE,	A119,000	at $(828)$ Area Code and Day	62.8800		
Name of Contact P	erson	Area Code and Day	time Telephone Number		
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy			
STREET ADDRESS:		MAILING A	MAILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Cent		Tallahassee,	FL 32314		
Tallahassee, FL 323	01				

CR2E106 (07/14)

### **Articles of Conversion**

For

## Florida Limited Liability Company

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:
LA Production Services, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
LA Production Services LLC Enter Name of "Converted or Other Business Entity"
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of NOH CARDING.  (Enter state, or if a non-U.S. entity, the name of the country)  on MALL GOID  (Date of organization, formation or incorporation)  The Cardinal Country  (Enter state, or if a non-U.S. entity, the name of the country)
and 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.")
Note: 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.

	<del>-</del>			
Street Address:		porel Tree		
	Pisqu	L Forest	, NC	28768
Mailing Address:		Luanne Allgaud 150 Sorrel Tree Lane Pisgah Forest, NC 28768		
7. The "Converted of appraisal rights the and 605, 1061-605	ne amount to wh	ss Entity" has agreed sich such members a		
Signed this	,day o	f_JUNE		, 20_16
Signature:		<b>-</b>		
	Must be sig	ed by a Member or Aut	horized Represent	ative
Printed Name: <u></u>	canne AL	160 Mitle:	PresiDe	nt
Fees: Filing Fee: Certified Cop Certificate of		\$25.00 \$30.00 (Optional) \$5.00 (Optional)		

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SECRETARY OF SHAFE