

L120000022528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

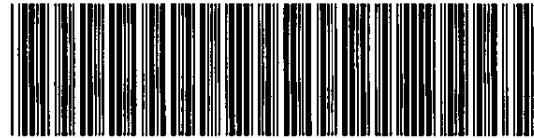
(Document Number)

Certified Copies _____ Certificates of Status _____

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ROK Rulovic
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 28 AM 8:27

Conversion
@ 11.7.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Light Media LLC

Name of Florida Limited Liability Company

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 correspondence concerning this matter to:

Mr. Rok Pulevic

Contact Person

Blue Light Media LLC

Firm/Company

244 Fifth Avenue, Suite D113

Address

New York, N.Y. 1001

City, State and Zip Code

office@bluelight-media.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Rok Pulevic

at (877) 7616909

Name of Contact Person

Area Code and Daytime 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

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E106 (07/14)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 28 AM 8:27

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:

Blue Light Media LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Blue Light Media 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.)

organized, formed or incorporated under the laws of New York
(Enter state, or if a non-U.S. entity, the name of the country)
on February 15, 2012
(Date of organization, formation or incorporation)

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: October 23rd, 2014
(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.")

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":

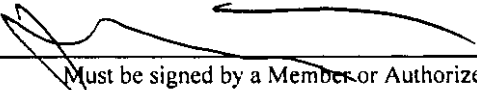
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 244 Fifth Avenue, Suite D113
New York, N.Y. 1001

Mailing Address: 244 Fifth Avenue, Suite D113
New York, N.Y. 1001

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23rd day of October, 2014

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Rok Pulevic Title: CEO

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)