L1500000 8040

(Requ	estor's Name)	,
(Addre	ess)	
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(City/S	State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
	ness Entity Na	· .
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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2014 DEC 30 AM 10: 16 SECRETARY OF STATE SECRETARY OF STATE

15-3846

JAN 1 5 2015 **T. HAMPTON**

COVER LETTER

TO:	Registration S Division of C			
CHDI	ECT:		shot, LLC	•
SUBJ	EC1:	**************************************	of Resulting Florida Limite	_
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this matter to:	
VE	NNIFER	(Contact Person)	OER_	
	rowe	OShoT (Firm/Company)		,
- Pa	BOY	542		
	MT. DO	INA, FL	32756	
C	asting	City, State and Zip Code)	Shot Cast	ting.com
E-n	nail Address: 60 b	e used for future annual re	port notifications)	0
For fu	wher information	on concerning this ma	tter, please call:	
Ver			_at (<u>352</u>)	478 9033
	(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
Enclo	sed is a check f	or the following amou	nt:	
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Divisi Clifto 2661 I	ET ADDRESS cration Section on of Corporati n Building Executive Center assee, FL 3230	ions er Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I	Section forporations 27

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLORIBA
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: CROWD Shot LC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
5. The plan of conversion has been approved in accordance with all applicable statutes.
Page 1 of 2

2014-DEC 30 AM IO: 16 SECRETARY OF STATE

Signed this 26 day of MBUST	14
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Lawrence Concepts	Title: ONNER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature:	
Printed Name ON CONTROL OF CONTRO	Title: OWNER
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
if Directors of Officers have not been selected, all the	corporator must sign.
If Florida General Partnership or Limited Liability	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00

Page 2 of 2

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status: SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name:	

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
MT. DORA FL	30757 PO BOX 542 MT. DORA, EL 32756

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:

Name

Name

Name

Name

Name

Name

Note

Florida street address (P.O. Box NOT acceptable)

Note

City

Note

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 605, F.S..

Registered Agent's Signature (REQUIRED)

CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person Company:	on authorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
_MQH	VENNIER CONRADER 135 W90 AVE MT. DONA FL 3075
•	
(Use attachment if necessary) RTICLE V: Effective date if other than t	the date of filing: (OPTIONAL)
RTICLE V: Effective date, if other than to an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
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