#1/5000062310

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

Office Use Only



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03/17/15--01003--016 **185.00

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K.SALY EXAMINER APR - 9 2015

COVER LETTER

Division of C			
SUBJECT: PERFE	ECT VIEW AERIAL N	MEDIA LLC	
SCBGECT.	(Name	of Resulting Florida Lin	nited Company)
		_	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
BENJAI	MIN RICHARDSON		
	(Contact Person)		
PERFECT VIE	W AERIAL MEDIA L	LC	
	(Firm/Company)		
5379 LYONS F	RD, SUITE 108		
	(Address)		
COCONUT CR	EEK, FL 33073		
(1	City, State and Zip Code)		
Brich120036@yah	oo.com		
E-mail Address: (to b	be used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
BENJAMIN RICHA	ARDSON	at (305)	00-5945
(Name of Conta	act Person)		Daytime Telephone Number)
Enclosed is a check to	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	S \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING	G ADDRESS:
Registration Section		Registratio	
Division of Corporat	ions		f Corporations
Clifton Building	C' 1	P. O. Box	
2661 Executive Cent Tallahassee, FL 323		l allahasse	e, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles 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.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: PERFECT VIEW AERIAL MEDIA INC # P1300033980
(Enter Name of Other Business Entity)
. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of FLORIDA
04/15/2013 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PERFECT VIEW AERIAL MEDIA LLC
(Enter Name of Florida Limited Liability Company)
If not effective on the date of filing, enter the effective date: N/A The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the ate this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 18th day of March	20
Signature of Authorized Representative of Limi	ted Liability-Company:
Signature of Authorized Representative: Printed Name: BENJAMIN RICHARDSON	Title MGR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Printed Name: BENJAMIN RICHARDSON	Title: PRESIDENT
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles 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	s:
PERFECT VIEW AE	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5379 LYONS RD, SUITE 108 COCONUT CREEK, FL 33073	(SAME)
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the BENJAMIN RI	registered agent are:
Nan	ne SST
3524 N.W. 7	3RD WAY
Florida street address (P.	O. Box NOT acceptable)
CORAL SPRINGS	FL 33000 *
City	Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DENLIAMINI DIQUADDOONI
MGR	BENJAMIN RICHARDSON
	3524 N.W. 73RD WAY CORAL SPRINGS, FL 33065
	OCIVIE OF MINOS, I E COOC
	7 C. C.
 	
	P. Control of the con
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(Use attachment if necessary)	
ffective date is listed, the date must	date of filing: N/A . (OPTIONAL) be specific and cannot be more than five business day
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effective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day
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REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ded for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member of a member of a member accordance with section 605.0203 (Institutes an affirmation under the penam aware that any false information sunstitutes a third degree felony as proving the penament of t	or an authorized representative of a member. (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, bmitted in a document to the Department of State ded for in s.817.155, F.S.) NJAMIN RICHARDSON
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ARTICLE IV-