# L15000 050177

	P1-4-94755	
(R	Requestor's Name)	
(A	ddress)	
A)	address)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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05/01/15--01023--028 \*\*150.00



J. STEINGERS MAY 0 7 2015

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: International First Person Shooter (iFPS), L.L.C. (Name of Resulting Florida Limited Company)
The enclosed Articles 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. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Walter R. Hnot III (Contact Person)
1619 Malon Bay Dr. (Address)
Orlando, F1 32828
City, State and Zip Code)  info 6 (City, State and Zip Code)  E-thail Address: (to be used Fruture annual report notifications)
For further information concerning this matter, please call:
Walter Hnot, III at (908) 884-9252  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: $(407)$ $279 - 1754$
S 150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327
2661 Evecutive Center Circle Tallahassee, El. 32314

Tallahassee, FL 32301

#### **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:  International First Person Shootes (iFPS), L.L.:  C.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>orporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 11/20/2014.  (date of organization, formation or incorporation)  2. The second of the Elevis Minimum of the country of the
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
International First Person Shooter (iFPS), L.L.C.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: Effective on the date of biling
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)
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.
5. The plan of conversion has been approved in accordance with all applicable statutes.
· · · · · · · · · · · · · · · · · · ·

Page 1 of 2

Signed this 25th day of April	20_15	
Signature of Authorized Representative of Lim	ited Liability Company:	
Signature of Authorized Representative: Wall Printed Name: Walter & Horot III	Title: Owner / President	<b>4</b> -
Signature(s) on behalf of Other Business Entity:		
Signature: Walter Hnot III	_ Title: Owwer / Preside	nt
Signature:Printed Name:		
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	- -
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 In		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	" No.
All others: Signature of an authorized person.		15 MAY SECRED ALEAHA
Fees:		1
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	AH 9: 49

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Company i	s:	
Intern	national First	Person Sho	oter (iFPS), L.L
		oility Company, "L.L.C.," or "LI	.C.")
The mailing add	Address: ress and street address of the	principal office of the Li	mited Liability Company is:
Principal Office	Address:	Mailing Address:	
1619 Ma Orlando,	Ion Bay Dr. Fl 0 32828	1619 Mal	m Bay Dr. 1 32828
(The Limited Liability	Registered Agent, Registere Company cannot serve as its own Reg in active Florida registration.)		
The name and th	e Florida street address of the	registered agent are:  HNO+ III	
	Nar 16 19 Ma/o Florida street address (P.	N Bay Dr.	<u> </u>
	<u>Orlando</u> City	Zip	
liability con registered agen statutes relat	npany at the place designated nt and agree to act in this cap	in this certificate, I hereb acity. I further agree to c e performance of my dutic	omply with the provisions of ales, and I am familiar with and
	Registered Agent's Si	gnature (REQUIRED)	S MA
	(CONTI	NUED)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Page 1	of 2	- C

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Walter HNOT III 1619 Malon Bay Dr. Orlando FI 3 2828
(Use attachment if necessary)	4/25/15
to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the	e specific and cannot be more than five business days prior applicable statutory filing requirements, this date will not be listed as the
ARTICLE VI: Other provisions, if any.	ecords.
REQUIRED SIGNATURE	20 1 4 1 5
Watt	or an authorized representative of a member.
(In accordance with section 605.0205 (3 constitutes an affirmation under the penalti I am aware that any false information submonstitutes a third degree felony as provide	), Florida Statutes, the execution of this document ies of perjury that the facts stated herein are true. Initted in a document to the Department of State ied for in s.817.155, F.S.)
Walter R. Type	HNOT III d or printed name of signee
	Filing Fees Organization and Designation of Registered Agent

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: