# L15000090224

	P15-	254 <sup>5</sup> 5
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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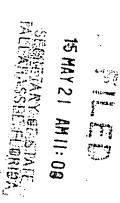




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03/30/15--01016--022 \*\*35.00

05/15/15--01001--014 \*\*115.00



WAY 22 2015 J SHIVERS



April 2, 2015

EVELYN WYATT PO BOX 440263 JAX, FL 32222

SUBJECT: MR. C PARTY ENTERTAINMENT INC.

Ref. Number: P15000025455

We have received your document for MR. C PARTY ENTERTAINMENT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$115.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

YOU CANNOT CORRECT THE TYPE OF COMPANY ON THE ARTICLES OF CORRECTION FORMYOU WILL NEED TO FILE A CONVERSION, WHICH IS ENCLOSED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 515A00006579

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mr. C Party Entertainment (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:
EVELYN Wya-1-+ (Contact Person)
PO BOX 440263 (Address)
(City, State and Zip Code)  CWYA++ O1 @ COMCAST. i) C+  E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
EVELUM WUA++ at (904) 707-7315  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees   \$155.00 Filing Fees   \$180.00 Filing Fees   \$185.00 Filing Fees, and Certificate of   \$185.00 Filing Fees, and Certified Copy   Certified Copy, and   Certificate of Status   Ce
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

#### **Articles of Conversion**

For

# "Other Business Entity"

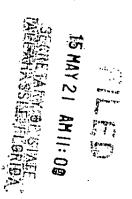
Into

### 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.

outries.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of the MY C Party Entertainment Inc.	Conversio	on is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
general partnership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name)	of the coun	 try)
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles o	f Organi	zation:
MY. C Party Entertain West LLC. (Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; AND 2) must be the same date listed in the attached. Articles of Operanisation, if an affective date is listed therein.		
date listed in the attached Articles of Organization, if an effective date is listed therein.)	55 <b>5</b> 5.c	
5. The plan of conversion has been approved in accordance with all applicable statutes.	15 N	1, 1
Page 1 of 2	MAY21 A	g-m-
	H II: 0g	
17 th		

Signed this 15th day of April	20_15
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative:	elya Wyato Vitle: MOR
Signature(s) on behalf of Other Business Entity	: [See below for required signature(s).]
Signature: <u>Evelyn Wyalo</u> Printed Name: <u>Evelyn wyalt</u>	IV C D
Printed Name: EVE Lyn. W.Ja +-	Title: 11)(AK
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	or Officer.
If Florida General Partnership or Limited Liab Signature of one General Partner.	oility Partnership:
If Florida Limited Partnership or Limited Liab Signatures of <u>ALL</u> General Partners.	pility Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status:	\$25.00 a: \$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:
My. C Payty Entertainment LLC (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:
4070 Herschel St. Suite I P.O. Box 440263 Jax, FL 32210 Jax, FL 32222
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:
Small Business Associates Inc
Name
4070 Herschel St. 1800
Florida street address (P.O. Box NOT acceptable)
Jacksonville of 32210
Jacksonville FL 32210 City Zip
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 (REOLIRED)
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" ≈ Authorized Member	Name and Address:
"MGR" = Manager 	Evelyn Wyatt
0.0	JOX, FL 32222
MOK	POLOX 9402 63 NOX FL 32222
<del></del>	
(Use attachment if necessary)	
• •	a date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days
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CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of	r or an authorized representative of a member (1) (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 States.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)