(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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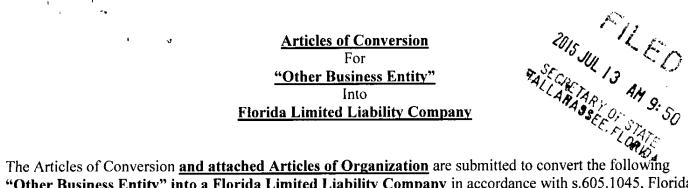
T. BROWN

COVER LETTER

TO;	Registration S Division of C			•••
SURI	JECT:	MUSIC UP, LLC.		
зова		(Name	of Resulting Florida Limit	ed Company)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:	
JOSE	ARMADA			
		(Contact Person)		
MUSI	C UP, LLC.			
-00-		(Firm/Company)		
30611	N.W. 24th Street	(A.J.)		
		(Address)		
Miami	i, Florida 33142			
N/A	((City, State and Zip Code)		
	nail Address: (ta b	e used for future annual re	port notifications)	
For fi	arther informati	on concerning this ma	tter, please call:	•
JOSE	ARMADA		_at $(\frac{305}{})^{633}$	- 4322
	(Name of Conta	ict Person)	(Area Code) (Da	ytime Telephone Number)
Enclo	sed is a check f	for the following amou	int:	
(\$25 fc & \$125	50.00 Filing Fees or Conversion 5 for Articles anization)	\$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
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING . Registration Division of 0 P. O. Box 63 Tallahassee,	Section Corporations 327	

INHS11 (06/15)

Tallahassee, FL 32301



"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: USIC UP, INC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Firs	st organized, formed or incorporated under the laws of Florida
	April 15, 1999 (Enter state, or if a non-U.S. entity, the name of the country)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ΜU	JSIC UP, LLC.
	(Enter Name of Florida Limited Liability Company)
	If not effective on the date of filing, enter the effective date: 7/1/2015 ne effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
dat dat <u>Not</u>	te this document is filed by the Florida Department of State; AND 2) must be the same as the effective see listed in the attached Articles of Organization, if an effective date is listed therein.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 8th day of July	_ 20_15
Signature of Authorized Representative of Limi	
Signature of Authorized Representative of Lini) // Company.
Signature of Authorized Representative:	Dell'I
Signature of Authorized Representative: Printed Name: Jose Armada	Title: General Partner
	-
Signature(s) on behalf of Other Business Entity:	(3)
Signature:	
Signature: DSE ARMADA	Title: President
, ,	
Signature:Printed Name:	Title
Printed Name:	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Frinted Name.	
Signature:	
Printed Name:	Title:
C'amatuua.	
Signature:Printed Name:	Title:
:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	ty tarticismp.
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
·	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

OMr. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUSIC UP, 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:		
3061 N.W. 24th Street	3061 N.W. 24th Street		
Miami, Fl.	Miami, Fl.		
33142	33142		

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:

JOSE ARMADA

3061 N.W. 24th Street

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

City

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

4	п	TITLE		173	E E 7
Α	R	TI	t.ı	ar.	IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	JOSE ARMADA			
	3061 N.W. 24th Street			
·	Miami, Fl. 33142			
AMBR	JOSE ARMADA JR.			
	3061 N.W. 24th Street			
	Miami, Fl. 33142			
AMBR	ANNETTE ARMADA			
	3061 N.W. 24st Street			
	Miami, Fl. 33142			
(Use attachment if necessary)				
(- =,)				
ARTICLE V: Effective date, if other than	the date of filing: 7/1/2015 . (OPTIONAL)			
If an effective date is listed, the date mu	ist be specific and cannot be more than five business days prior			
to or 90 days after the date of filing.)	are appeared and common so more than the business days prior			
	et the applicable statutory filing requirements, this date will not be listed as the			
locument's effective date on the Department of Sta	ite's records.			
ARTICLE VI: Other provisions, if any.				
<u>REQUIRED</u> SIGNATURE:	17			
REQUIRED SIGNATURE:				

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSE ARMADA

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)