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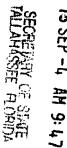
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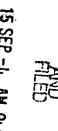




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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: (UStom) (Name of	of Resulting Florida Limited	d Company)
The enclosed Articles of Conversion, Articles Business Entity" into a "Florida Limited Li	-	
Please return all correspondence concerning	g this matter to:	
Mandy Cabrera (Contact Person) Custom TV Wraps (Firm/Company)	Inc.	
Hudson, A 34667 (City, State and Zip Code)	1 1010	
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this man with the formation concerning t	at (971) 2-3	25- (35 time Telephone Number)
Enclosed is a check 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 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 Tallahassee, FL 32301	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

APPROVEL ALE

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

15 SEP -4 AM 9:4:

Subtrey 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.

Page 1 of 2

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

Signed this 26th day of August	20_15	APPROVEL FILED
Signature of Authorized Representative of Lim		15 SEP -4 AM 9: 47
Signature of Authorized Representative: Must Printed Name: Mandy Cabrers	Title: President	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Signature(s) on behalf of Other Business, Entity:	[See below for required signat	ure(s)]
Signature:		
Signature:	Title: Vice Presiden	<u></u>
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an li		
If Florida General Partnership or Limited Liabil Signature of one General Partner.	lity Partnership:	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity 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:	:	
(Must end with the words "Limited Liabil	Waps UC. lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8404 Wagen What line Hudson, PL 34467	8404 Wagen wheel kne Hadson Fr 31667	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)		
The name and the Florida street address of the name and the Florida street address (P.O. Hadden) City	byera Part And	
City	Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limite in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of a performance of my duties, and I am familiar with analygistered agent as provided for in Chapter 605, F.S	all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

APPROVE

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

**SEP -4* AM 9: 47

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
"MGR" = Manager (MGR'')	Mardy Cabrer Sury Wagen Hudsm, Pl Wilmer Cubre Syn Wagen	wheel line 3/461 wheel line 31/067
(Use attachment if necessary) ARTICLE V: Effective date, if other than the lift an effective date is listed, the date must o or 90 days after the date of filing.) Lote: If the date inserted in this block does not meet ocument's effective date on the Department of State.	the applicable statutory filing requiren	e man five business days prior
ARTICLE VI: Other provisions, if any.		
This document is executed in a I am aware that any false inform	r or an authorized representa ccordance with section 605.0203 (1) (to nation submitted in a document to the Interpretation of the In	o), Florida Statutes.

Many Pubrera

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)

Page 2 of 2