# LU2000873

(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:
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## COVER LETTER 🛰

TO:	Registration S Division of C					
SUBJ	ECT: Handled	Media, LLC				
5020		(Name	of Re	esulting Florida	Limit	ted Company)
				_		nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g thi	is matter to:		
Jose A	. Ramirez					
		(Contact Person)				
Tax Ca	re, Inc.	s				
		(Firm/Company)				
1730 M	1ain Street, Suite 2	200				
		(Address)				
Westor	ı, FL 33326					
	((	City, State and Zip Code)				
	nirez@taxcareinc					
E-m	nail Address: (to be	e used for future annual re	port	notifications)		,
For fu	rther informatio	on concerning this ma	tter,	please call:		
Jose A.	Ramirez		at	(954)	888-	-6941
	(Name of Conta	ct Person)		(Area Code)	(Da	ytime Telephone Number)
Enclos	sed is a check for	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I d Certified Copy		S185.00 Filing Fees, Certified Copy, and Certificate of Status
Regist Division Clifton 2661 I	ET ADDRESS ration Section on of Corporati n Building Executive Center assee, FL 3230	ons er Circle		Registra Divisior P. O. Bo	ition n of C ox 63	Corporations

INHS11 (06/15)

#### **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" i Handled Media, Inc.	mmediately prior to the filing of the Articles of Conversion is:
	Other Business Entity)
2. The "Other Business Entity" is a corporation	
(Enter entity	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	the laws of Florida
March 1, 2016	(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:
Handled Media, LLC	
(Enter Name of Florida L	imited Liability Company)
4. If not effective on the date of filing, enter t	the effective date:
(The effective date: 1) cannot be prior to d date this document is filed by the Florida D date listed in the attached Articles of Organ	late of receipt or filed date nor more than 90 days after the Department of State; AND 2) must be the same as the effective nization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved	in accordance with all applicable statutes

Page 1 of 2

16 MAY -3 AM 7: 28

Signed this 27 day of April	20_16
Signature of Authorized Representative of Limit	ted Liability Company:
Simulation of Authorized Business musical	
Signature of Authorized Representative:  Printed Name: Jose A. Ramirez	Title: Legal Representative
	<del>.</del>
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Call My	-
Printed Name: Carla Rodrigue	Title: President
Signature:	Tribe Affic Band Changle Commence
Printed Name: Alcianury (2017)	Title: Vice President/ Secretary
Signature:	
Printed Name:	Title:
Signature:	1210 4
Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	
	-
If Florida General Partnership or Limited Liabilit	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership
Signatures of ALL General Pariners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125,00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limite  ARTICLE II - Address:	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 SE 15th RD, APT 9-K	200 SE 15th RD, APT 9-K
Miami, FL 33129	Miami, FL 33129
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
	n Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address o	n Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)  The name and the Florida street address o  Jose A. Ramirez	n Registered Agent. You must designate an individual or another of the registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address o  Jose A. Ramirez  1730 Main Street, Suite 2	n Registered Agent. You must designate an individual or another of the registered agent are:
business entity with an active Florida registration.)  The name and the Florida street address o  Jose A. Ramirez  1730 Main Street, Suite 2	n Registered Agent. You must designate an individual or another of the registered agent are:  Name

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Carla Rodriguez MGR 200 SE 15th RD, APT 9-K Miami, FL 33129 Alejandro Leon MGR 888 S Douglas RD, APT 502 Coral Gables, Fl 33134 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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. ARTICLE VI: Other provisions, if any. **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. 847.155 F.S.

Alejandro Leon

Typed or printed name of signee

Filing Fees

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

Page 2 of 2