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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(D.	since Fatile Name	
(Bu	siness Entity Name	9)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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(79/8/14

Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

Captivate Culture, LLC	
FOR OFFICE (USE ONLY
PICK ONE:	
CERTIFIED COPYPHOTOCOPYC.U.S).)•
FILING:	
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL P	ARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDM	1ENT
FOREIGN QUALIFICATIONJUDGMENT LIEN	
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Notes:	

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

16 SEP -8 PK 1: 40

The Articles of Conversion and attached Articles of Organization 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 Busine Captivate Culture, LLC	ess Entity" immediately prior to the filing of the Articles of Conversion is:
	inter Name of Other Business Entity)
2. The "Other Business Entity" is	Limited Liability Company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	orated under the laws of Nevada
09/08/2014 on	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or i	ncorporation)
3. The name of the Florida Limit	ed Liability Company as set forth in the attached Articles of Organization:
Captivate Culture, LLC	
(Enter Nam	ne of Florida Limited Liability Company)
4. If not effective on the date of f	iling, enter the effective date:
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Artic	the prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective less of Organization, if an effective date is listed therein.) loes not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has bee	n approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 7th day of September	20_16
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	
Printed Name: Jonathan Otto	Title: Manager
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
Signature:	
Printed Name: Jonathan Otto	Title:
Signature:	
Printed Name:	Title:
a.	
Signature:	777. 8
Printed Name:	I itle:
Signature:	
Printed Name:	Title:
Clamatura	
Signature:Printed Name:	Title
Trintos (vanie)	
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In-	corporator must sign.
TATAL CLASSIC TRANSPORTER TO A STATE OF THE CONTRACT OF THE CO	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
Signature of one General Fartier.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	· · · · · · · · · · · · · · · · · · ·
All others:	
Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

					ILE		
ARTICLE I - Note that the Name of the	ame: Limited Liability Compan	y is:	16	SEP	-8	PI	1: 40
Laptivate Culture, I.		Jability Company, "L.L.C.," or "L.E.C.		_			
(1	wrust end with the words "Limited I	nability Company, "L.H.C., or "LEC.	,				
ARTICLE II - A							
the mailing addr	ress and street address of th	ne principal office of the Limi	ited Liai	bility	Con	ipan:	y 181 -
Principal Office	Address:	Mailing Address:					
1708 Montilla Drive	C	Same					
Santee, CA 92071							
DTICLE III	D in the principle	100° 0 D 14 1A		et.	_		
The Limited Liability business entity with a	Company cannot serve as its own I an active Florida registration.)	ered Office, & Registered A Registered Agent, You must designate:					
The Limited Liability business entity with a	Company cannot serve as its own I	Registered Agent. You must designate :					
The Limited Liability business entity with a	Company cannot serve as its own I an active Florida registration.)	Registered Agent. You must designate :					
The Limited Liability business entity with a	Company cannot serve as its own Fan active Florida registration.) e Florida street address of the Incorp Services, Inc.	Registered Agent. You must designate :					
The Limited Liability business entity with a	Company cannot serve as its own Fan active Florida registration.) e Florida street address of the Incorp Services, Inc.	Registered Agent. You must designate a					
The Limited Liability business entity with a	Company cannot serve as its own Fan active Florida registration.) e Florida street address of the Incorp Services, Inc. 17888 67th Court North	Registered Agent. You must designate a					
The Limited Liability business entity with a	Company cannot serve as its own Fan active Florida registration.) e Florida street address of the Incorp Services, Inc. 17888 67th Court North	Registered Agent. You must designate : the registered agent are:					

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	16	SEP	-8	F.I	1: 40
"AMBR" = Authorized Member	Name and Address					i.
"MGR" = Manager						
MGR	Jonathan Otto					
	1708 Montilla Drive			-		
	Santee, CA 92071			_		
MGR	Lori C. Otto					
	1708 Montilla Drive					
	Santee, CA 92071					
				_		
				_		
			<u> </u>	_		
						
				_		
(Use attachment if necessary) TCLE V: Effective date, if other than a effective date is listed, the date mu	the date of filing:	(OPTI busi n	– ON/ iess	ML) days	prior
·	est the applicable statutory filing requireme	than five	busin	iess	days	
TICLE V: Effective date, if other than n effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not menent's effective date on the Department of States.	est the applicable statutory filing requireme	than five	busin	iess	days	
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PICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in a man aware that any false inference in the state of the date of	eet the applicable statutory filing requirementate's records.	than five nts, this date ve of a me, Florida Sta	ember tutes.	ness	days	
PICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State of	set the applicable statutory filing requirementer's records. ber or an authorized representation accordance with section 605.0203 (1) (b), formation submitted in a document to the Deformation submitted in a document submitted submitted submitted submitted submitted submitted submitted submitted subm	than five nts, this date ve of a me, Florida Sta	ember tutes.	ness	days	
PICLE V: Effective date, if other than a effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not ment's effective date on the Department of State of	set the applicable statutory filing requirementer's records. ber or an authorized representation accordance with section 605.0203 (1) (b), formation submitted in a document to the Deformation submitted in a document submitted submitted submitted submitted submitted submitted submitted submitted subm	than five nts, this date ve of a me, Florida Sta	ember tutes.	ness	days	

ARTICLE IV-