# L17000040946

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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02/22/17--01020--011 \*#150.00

# COVER LETTER

Division of Corporations
SUBJECT: Category 3 Studios (Plame 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:
Colton O'Owyer (Contact Person)  Category 3 Studios  (Firm/Company)
750 ook reserve In-
Winter Park, FL, 32792 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Colton O'Drayer at (386) 843 - 3713 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
▼ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status of Organization)  ■ \$155.00 Filing Fees and Certified Copy  ■ \$185.00 Filing Fees Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Later on 3 Studios	of Conversion is:
(GP16 - 00/397) Studios (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>General</u> <u>Partnership</u> .  (Enter entity type. Example: corporation, limited partnership,	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of $\frac{1/-30}{(\text{date of organization, formation or incorporation})}$ (Enter state, or if a non-U.S. entity, the narrow (date of organization, formation or incorporation)	me of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Article  Category 3 Studios 220  (Enter Name of Florida Limited Liability Company)	es of Organization:
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 9	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as the effective n.)
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	<del>-</del>
Page 1 of 2	FILED  17 FEB 22 PM 12  SEURLIANT OF STALLAHASSEE, FLO

Signed this 17 day of February	_20_17
Signature of Authorized Representative of Limi	ited Liability Company:
lot	5- M
Signature of Authorized Representative:	o un g
Signature of Authorized Representative:	Title: Corowall
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: 101 00 00 00 00 00 00 00 00 00 00 00 00	
Printed Name: Coiton or Dwyer	Title: co- owner
Printed Name: Alex Price	Title: <u>Co-owner</u>
11-11-11-11	
Signature: Printed Name:	Title: Ca- Owner
JAMPS P. Myees II	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Tidle
Printed Name:	
Signature:	
Signature:Printed Name:	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 Florids Community and instant Linking	L. Danta and in.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rartnership:
Signature of one General Latinet.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	
Certified Copy:	\$125.00 \$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

The mailing address a	ind street a	ddress of th	e principal of	fice of the Limited	I Liability (	Company is:
Principal Office Add	lress:		Mailing	<u> Address:</u>		
300 N. New Yor Winter Parl	K Ave	# 637	30	O N. New Yo	rK Ave L 327	#637 90
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	any cannot se	rve as its own R				
The name and the Flo	rida street	address of t	he registered	agent are:		
<u>-</u>	<u></u>	Iton	O'Dwy.	21		
		N	ame			
			Reserve			
I	lorida stre	et address (l	P.O. Box <u><b>NO</b></u>	T acceptable)		
V	Winter	Fark	_ F <u>L</u>	32742 Zip		
		City		Zip		
registered agent and statutes relating to	v at the pla d agree to a o the prope	ce designate act in this ca r and comple	ed in this certij pacity. I furtk ete performan	ficate, I hereby acc per agree to compl	ept the appo y with the pi id I am fami	ointment as rovisions of all liar with and
		181	0			
-			Signature (RE			
		`	ΓINUED) e1 of2		SECRÉ TALLAH	17 FE

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Coston P. O'Durger
	750 Dak Reserve In.
	Winter Park, FL 32792
MGR	Alex R. Price
	1409 Barcelona Ct.
	Whter Springs FL 32708
WP-85	Janes P. Myers II
	2020 (pren 20.
	Harpita KT 32102
(Use attachment if necessary)	
FICLE V: Effective date, if other tha	n the date of filing: . (OPTIONAL)
	nust be specific and cannot be more than five business days p
r 90 days after the date of filing.)	
if the date inserted in this block does not rement's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed a State's records.

**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. Cotton P. O'Divyer
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) S 5.00 Certificate of Status (Optional)