L17000089833

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. BURCH APR 24 2017

COVER LETTER

Division of Co	orporations		
SUBJECT:	arked Produc	Lions LLC ulting Florida Limited Com	
	(Name of Resi	uning Florida Limited Con	ipany)
			d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Josiah Ho	ackenberg	,	
Marked Pro	(Contact Person) Oductions Inc (Firm/Company)	.•	
1980 Crys	(Address)		
J	(Address)		
Titusville F	L 31780		
(0	City, State and Zip Code)		
- dance am	arked, production used for future annual rep	ns	
E-mail Address: (to be	e used for future annual rep	ort notifications)	
For further information	on concerning this mat	ter, please call:	
Jos'ah Hacke	enbe <i>r</i> q	at (31) 7 (Area Code) (Day	94-6167
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
	or the following amous a bank located in the U		ed by this office must be payable in US
\$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	S:	MAILING A	ADDRESS:
New Filing Section		New Filing S	
Division of Corporati	ions	Division of C	
Clifton Building	av	P. O. Box 633	

32301

Circle Tallahassee, FL

Articles of Conversion For "Other Business Entity"

Into Florida Limited Liability Company

17 APR 21 AM II: 46

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 Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>FLocida</u>
on April 26 20/6 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Morked Productions LCC
(Enter Name of Florida Limited Liability Company)
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 90 calendar days after the date this document is filed by the Florida Department of State; AND 2) must be the same as
the effective 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 will not be listed as the document's effective date on the Department of State's records.
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 rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 19 day of April	_20 <u>/</u> 7
Signature of Authorized Representative of Limit	ted Liability Company:
or chairm	ha
Signature of Authorized Representative: Jun 1. Printed Name: Josiah Hackenberg	Tille C. G.D. (Orac) dout
Printed Name: 170514 W HILLEPINGEO	Title: CEC) / Pres icem
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:	
Printed Name: TNGA MACKENBERG	Title: Vice President
1/4	
Signature: Roger I+Weke-Beg	Till Base A
Printed Name: Roger (-Wertenses	_ little: <u>Secretorg</u>
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Disable Commentions	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	Officer
If Directors or Officers have not been selected, an Inc	
	orporator mast sign.
If Florida General Partnership or Limited Liabilit	<u>y Partnership:</u>
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:
Marked Product	ions LLC
(Must contain 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:
1980 Crystal Cowt Titusville FL 32780	1980 Crystal Court Titurille FL 31780
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Josiah Had	enserg
	Name I

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)

1980 Crystal Court
Florida street address (P.O. Box NOT acceptable)

Titusville FL 32780
City Zip

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Josiah Hackenberg 1980 Crystal Court Titurville FL 31780
AMBR	Inga Hackenberg
	1980 Crystal Cowt Titurille FL 32780
	AP
	<u> </u>
ffective date is listed, the date m	n the date of filing:
LE V: Effective date, if other tha ffective date is listed, the date is or 90 calendar days after the da	nust be specific and cannot be more than five busines ate of filing.) cet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other that effective date is listed, the date me or 90 calendar days after the date the date inserted in this block does not me t's effective date on the Department of St	nust be specific and cannot be more than five busines ate of filing.) cet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other that effective date is listed, the date me or 90 calendar days after the date the date inserted in this block does not me t's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mental that any false into constitutes a third degree fereign.	nust be specific and cannot be more than five businessate of filing.) eet the applicable statutory filing requirements, this date will not be ate's records. nber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State

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

ARTICLE IV-