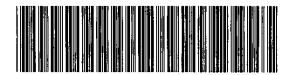
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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MAY - 8 2017 T SCHROEDER

COVER LETTER

Division o	g Section f Corporations		
SUBJECT: Gold	Stone Media LLC		
	(Name of Re	sulting Florida Limite	d Company)
The enclosed Arti Business Entity" i	cles of Conversion, Artic nto a "Florida Limited L	cles of Organizatio Liability Company"	n, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all c	orrespondence concernir	ng this matter to:	
Jesse Klick, Attorney	at Law		
	(Contact Person)		
Fafinski Mark & Joh	nson, P.A.		
	(Firm/Company)		
Flagship Corporate C	Center, 775 Prairie Center Dri	ve, Suite #400	
	(Address)		
Eden Prairie, MN 55	3344		
	(City, State and Zip Code)		
randi.walz@finjlaw.e	com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further inform	nation concerning this ma	atter, please call:	
Randi Walz		at (⁹⁵²)	224-7940
(Name of Co	ontact Person)		(Daytime Telephone Number)
	ck for the following amount on a bank located in the		occessed by this office must be payable in US
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)	es	□\$180.00 Filing F and Certified Copy	
STREET ADDR New Filing Section Division of Corpor Clifton Building 2661 Executive C	n rations enter	New Fill Division P. O. Bo	NG ADDRESS: ing Section of Corporations x 6327 see, FL 32314

32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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.

MCM Services Group FL LLC	Enter Name of Other Business Entity)
2. The "Other Business Entity"	is a LLC
	(Enter entity type. Example: .corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incor on 10/17/2012	porated under the laws of Wisonsin (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 Lim	ited Liability Company as set forth in the attached Articles of Organization
Gold Stone Media LLC	
(Enter Na	
4. If not effective on the date of	
4. If not effective on the date of (The effective date: 1) cannot after the date this document is the effective date listed in the:	be prior to date of receipt or filed date nor more than 90 calendar days filed by the Florida Department of State; AND 2) must be the same as attached Articles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the
4. If not effective on the date of (The effective date: 1) cannot after the date this document is the effective date listed in the : Note: If the date inserted in this block document's effective date on the Depart	be prior to date of receipt or filed date nor more than 90 calendar days filed by the Florida Department of State; AND 2) must be the same as attached Articles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

article i - n	•	
The name of the	Limited Liability Compa	any is:
Gold Stone Media	LLC	
1 0	Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
A YOU'I CIT IS IT	4.83	
ARTICLE II -		f the principal office of the Limited Liability Company is
ruc mannig add	iess and sucer address of	t the principal office of the Elimited Elability Company is
Principal Offic	e Address:	Mailing Address:
2880 South Atlanti	c Avenue Unit #201	2880 South Atlantic Avenue Unit #201
Cocoa Beach, PL	32931	Cocoa Beach, FL 32931
(The Limited Liability business entity with	y Company cannot serve as its ov an active Florida registration.)	sistered Office, & Registered Agent's Signature: wn Registered Agent: You must designate an individual or another
The name and th	ie Piorida street address	of the registered agent are:
	Randy Juen	
;		Name
•	2880 South Atlantic Ave	enue Unit #201
	Florida street addre	ss (P.O. Box NOT acceptable)
	Cocoa Beach	FL 32931
•	Cità	7 in

Having been named as registered agent and to accept scrvice 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)

THAX-5 ANID: OL

Signed this 22nd day of April	_ 20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Randy Juen	Title: President-Manager
Signature(s) on behalf of Other Business Entity: 1	See below for required signature(s)]
Signature: Printed Name: Randy Juen Signature:	
Printed Name: Randy Juen	Title: President-Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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 Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Randy Juen	_
	2880 South Atlantic Avenue Unit #201	-
	Cocoa Beach, FL 32931	_
		_
		_
		_
		_
		_
		_
(Use attachment if necessary) CLE V: Effective date, if other than the	he date of filing: . (OPT	IONA
CLE V: Effective date, if other than the effective date is listed, the date mus to or 90 calendar days after the date	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will n	iness c
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date of the date inserted in this block does not meet this effective date on the Department of State.	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will n	iness c
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date of the date inserted in this block does not meet this effective date on the Department of State.	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will n	iness c
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date if the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any.	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will n	iness c
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date in the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will now records.	ot be lis
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date in the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will not seconds. For or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes.	ot be lis
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date in the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will now seconds. For or an authorized representative of a member and submitted in a document to the Department of States as provided for in s.817.155, F.S.	ot be lis
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 calendar days after the date in the date inserted in this block does not meet not's effective date on the Department of State. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform	t be specific and cannot be more than five bus of filing.) the applicable statutory filing requirements, this date will now records. For or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of States.	ot be lis