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(Red	questor's Name)	
(Add	Iress)	
(Ado	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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05/24/17--01023--025 **180.00

7 MAY 24 AM 8: 00

T. BURCH MAN NAY 2 5 2017 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing Articles of Conversion

AMS RECORDING STUDIO LLC

LZ order # 521378617



Dear Sir or Madam:

Attached for filing please find the Articles of Conversion of the above-referenced corporation. Enclosed, please find a check for \$180.00 for the filing fee and certified copy fee. Please process this application as quickly as possible and send the filed copy to me at the address below:

Legalzoom.com, Inc. 101 N Brand Blvd 11th Floor Glendale, CA 91203

If you have any questions, please call me at (800) 773-0888. Thank you for your help in this matter.

Sincerely,

Cheyenne Moseley LegalZoom.com

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: AMS RECOR	DING STUDIO LLC			
SOBJECT:	(Name of R	tesulting Florida L	imited Company)	
The enclosed Certificate of Business Entity" into a "F				
Please return all correspon	ndence concerning th	nis matter to:		
Cheyenne Moseely				
(Co	ontact Person)			
LegalZoom.com, Inc.				
(Fi	irm/Company)			
101 N Brand Blvd 11th Floo	or			
	(Address)			
Glendale, CA 91203				
(City, S	State and Zip Code)			
amsrecordingstudio@yahoo	o.com			
E-mail Address: (to be used	d for future annual report	t notifications)		
For further information co	oncerning this matter	, please call:		
Cheyenne Moseley	_	-	962-8600 ext 9724	
(Name of Contact Per	erson)	t () (Area Code)	962-8600 ext 9724 (Daytime Telephone Num	ber)
Enclosed is a check for th			(,	,
	l Certificate of a	■\$180.00 Filing I nd Certified Copy		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center C		Registra Divisior P. O. Bo	NG ADDRESS: tion Section of Corporations ox 6327 see, FL 32314	

INHS11 (01/14)

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



This Certificate 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 pri AMS RECORDING STUDIO INC.	or to the filing of this Certificate of Conversion is:
(Enter Name of Other Business En	tity)
2. The "Other Business Entity" is a Corporation	•
(Enter entity type. Example:	corporation, limited partnership, non law or business trust, etc.)
First organized, formed or incorporated under the laws of FL	
11/30/2004 (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 se	t forth in the attached Articles of Organization:
AMS RECORDING STUDIO LLC	
(Enter Name of Florida Limited Liability C	ompany)
4. If not effective on the date of filing, enter the effective da	
(The effective date: 1) cannot be prior to date of receipt date this document is filed by the Florida Department of date listed in the attached Articles of Organization, if an	State; AND 2) must be the same as the effective
5. The plan of conversion has been approved in accordance v	with ss. 605.1041-605.1046.

Page 1 of 2

Signed this day of MAY	_ 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Ariole Joseph	
Printed Name: Ariole Joseph	Title: Manager
Trinted (valide, zarolo dodopii	Title. Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature:	
Printed Name: Ariole Joseph	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
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-	
	-
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
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:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AMS RECO	RDING STUDIO LLC
<u> </u>	(Must end with the words "Lir	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	Address:	
The mailing add	lress and street address	of the principal office of the Limited Liability Company is:
Principal Offic	e Address:	Mailing Address:
12495 N.E. 8th A	\ve.	12495 N.E. 8th Ave.
Miami, FL 33161		Miami, FL 33161
The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration.	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration.	own Registered Agent. You must designate an individual or another softhe registered agent are:
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration. The Florida street address	own Registered Agent. You must designate an individual or another
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration. The Florida street address	own Registered Agent. You must designate an individual or another softhe registered agent are:
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration. he Florida street address Ariole Joseph 12495 N.E. 8th Ave.	own Registered Agent. You must designate an individual or another softhe registered agent are:
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration. he Florida street address Ariole Joseph 12495 N.E. 8th Ave.	own Registered Agent. You must designate an individual or another s of the registered agent are: Name
(The Limited Liabilit business entity with	ty Company cannot serve as its an active Florida registration. the Florida street address Ariole Joseph 12495 N.E. 8th Ave. Florida street add	own Registered Agent. You must designate an individual or another s of the registered agent are: Name ess (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Manager	Ariole Joseph
	12495 N.E. 8th Ave.
	Miami, FL 33161
	<u></u>
	3
	ASSET 24
	<u> </u>
(Use attachment if necessary)	중축 요
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)	the date of filing: (OPTIONAL st be specific and cannot be more than five business dates
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) CLE VI: Other provisions, if any.	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.)	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mud days after the date of filing.) CLE VI: Other provisions, if any.	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem n accordance with section 605.020	the date of filing: (OPTIONAL ast be specific and cannot be more than five business date to an authorized representative of a member. So (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem in accordance with section 605.0202 onstitutes an affirmation under the p	the date of filing: (OPTIONAL st be specific and cannot be more than five business date to a specific and cannot be more than five business.
CLE V: Effective date, if other than effective date is listed, the date multiple days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem in accordance with section 605.0202 anstitutes an affirmation under the parm aware that any false information	the date of filing: (OPTIONAL st be specific and cannot be more than five business date to an authorized representative of a member. So (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true, submitted in a document to the Department of State
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