

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

Office Use Only



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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Iron Plan	•			
SUBJECT:	(Name of Res	sulting Florida Limite	d Compa	nny)
		•	-	fees are submitted to convert an "Othe ordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Alann J Boatright				
	(Contact Person)			
Iron Planet Studios LLC				
	(Firm/Company)	 		
6550 78th Ave N				
	(Address)			
Pinellas Park, FL 33781	,			
	0': 0:			
	City, State and Zip Code)	estatudios com		
	os.com, sharon.b@ironplan			
E-mail Address: (to t	be used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Alann Boatright		_at (³⁰³)	489-998	4
(Name of Conta	act Person)	(Area Code)	(Daytin	ne Telephone Number)
	for the following amou a bank located in the		ocessed	I 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 I and Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG AD	DRESS:
New Filing Section		New Fil		
Division of Corporat	ions			porations
Clifton Building		P. O. Bo	x 6327	

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

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.

(Enter Name of C	Other Business Entity)
2. The "Other Business Entity" is a LLC.	
(Enter entity	type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under on $\frac{06/03/15}{\text{(date of organization, formation or incorporation)}}$.	the laws of
3. The name of the Florida Limited Liability	Company as set forth in the attached Articles of Organization:
Iron Planet Studios LLC.	
(Enter Name of Florida Li	imited Liability Company)
4. If not effective on the date of filing, enter t	
(The effective date: 1) cannot be prior to dafter the date this document is filed by the latter the effective date listed in the attached Articles.	ate of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as cles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the
(The effective date: 1) cannot be prior to dafter the date this document is filed by the late effective date listed in the attached Arti-Note: If the date inserted in this block does not meet the	ate of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as cles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the records.
(The effective date: 1) cannot be prior to da after the date this document is filed by the lather effective date listed in the attached Articological Mote: If the date inserted in this block does not meet the document's effective date on the Department of State's 5. The plan of conversion has been approved in the plan of convers	ate of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as cles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the records. In accordance with all applicable statutes. In a greed to pay any members having appraisal rights the amount to

Signed this 31 day of May	
Signature of Authorized Representative of Limi	ted Liability Corroany:
Signature of Authorized Representative: Printed Name: Alann J Boatright	Title: Owner/AuthorizedMember/Manager
Signature(s) on behalf of Other Business/Entity: Signature:	
Printed Name: Alann Boatlight	Title: Director Manager Member
Signature: Sharon McIntosh Boatright	Title: Officer Manager Member
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
Iron Planet Studios LLC.	
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Iron Planet Studios LLC.	Iron Planet Studios LLC.
6550 78th Ave N	6550 78th Ave N
Pinellas ark, FL 33781	Pinellas Prk, FL 33781
The name and the Florida street address of	the registered agent are:
Alann Boatright	
N	Name
6550 78th Ave N	
Florida street address	(P.O. Box NOT acceptable)
Pinellas Park	FL 33781-2073
City	Zip
liability company at the place designate registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position and compacted the obligations of my position and the control of the c	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Alone Done S. Le
AMBR MGR	Alann Boatright
	6550 78th Ave N
	Pinellas Park, FL 33781
AMBR MGR	Sharon Boatright
	6550 78th Ave N
	Pinellas Park, Fl 33781
	20 PM. 1
	<u> </u>
	The up
	<u></u>
	the date of filing: . (OPTIONAL
TICLE V: Effective date, if other than an effective date is listed, the date must be to or 90 calendar days after the date	ist be specific and cannot be more than five business date of filing.) It the applicable statutory filing requirements, this date will not be lister
TICLE V: Effective date, if other than an effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee iment's effective date on the Department of State. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ist be specific and cannot be more than five business date of filing.) et the applicable statutory filing requirements, this date will not be listere's records.
ricle V: Effective date, if other than in effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State. Fich VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in I am aware that any false information.	ist be specific and cannot be more than five business date of filing.) et the applicable statutory filing requirements, this date will not be liste e's records.
TICLE V: Effective date, if other than is an effective date is listed, the date must to or 90 calendar days after the date. If the date inserted in this block does not mee ment's effective date on the Department of State. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed in I am aware that any false information.	et the applicable statutory filing requirements, this date will not be liste e's records. Der or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State

the

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

ARTICLE IV-

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)