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### **COVER LETTER**

TO: New Filing Division of	Section Corporations		
SUBJECT: D	omestication of Cinemacia	a, LLC - a Wyoming L	imited Liability Company
	(Name of Re	sulting Florida Limited C	ompany)
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all co	rrespondence concernin	g this matter to:	
Steve H Macia			
Cinemacia LLC	(Contact Person)		
	(Firm/Company)	·····	
661 SE 5th Ave			
	(Address)		
Pompano Beach, FL 3	3060		
cinemacia@mc.com	(City, State and Zip Code)		
E-mail Address: (to	be used for future annual re	eport notifications)	
For further informa	tion concerning this ma	itter, please call:	
Steve H M	acia	at ( 602 )	999-6440
(Name of Co	itact Person)	(Area Code) (D	Paytime Telephone Number)
	for the following amount a bank located in the	, -	essed 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
STDEET ADDDE	88.	MAILING	ADDESS.

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### **Articles of Conversion**

For

# FILED

## "Other Business Entity"

Into

17 OCT -5 AM 10: 34

### 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.

I. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Cinemacia, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Wyoming Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws ofState of Arizona
(Enter state, or if a non-U.S. entity, the name of the country)
on10/03/2000
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Cinemacia LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 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.)  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 4th day of October	20_17
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	Title: President
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	_
Printed Name: Steve H- Macia	
Signature:  Printed Name: Stepe 1-1. Macia	
Printed Name: Stere 1-1. Macia	Title: Manager
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	re-1
Printed Name:	Intle:
Signature:Printed Name:	m.il
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Optional)
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the name of the	Limited Liability Company	18:		1
Cinemacia, LLC				
(1	Must contain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addi	Address: ress and street address of the	e principal of	fice of the Limited	d Liability Company is:
Principal Office	Address:	<u>Mailin</u>	g Address:	
661 SE 5th Ave		661 SE :	5th Ave	
Pompano Beach, Fl	33060	Pompan	o Beach, FL. 33060	<del></del>
The name and the	e Florida street address of th Steve H Macia	ne registered	agent are:	
	N:	ame		
	661 SE 5th Ave			
	Florida street address (I	.O. Box <u><b>NO</b></u>	T acceptable)	
	Pompano Beach	FL	33060	
	City		Zip	
	•			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Serve II Maria	
Manager	Steve H Macia 661 SE 5th Ave	
	Pompano Beach, FL 33060	
	· Onipillo Bellett, i E 55000	
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(Use attachment if necessary)		
(Use attachment if necessary)  CLE V: Other provisions, if any.		
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a membe	r
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I amment to the Department of State constitutes a third de	aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am ment to the Department of State constitutes a third de	aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I amment to the Department of State constitutes a third de	aware th
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am ment to the Department of State constitutes a third de	aware th

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

ARTICLE IV-