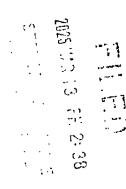
L18000046362

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

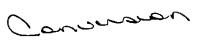
Office Use Only



900443784889



2025 NAR 13 AM 10: 42
SEPTEMBER STATE





Filing Cover Sheet

Sunbiz Prep	oaid Accour	nt # 1201	60000017
-------------	-------------	-----------	----------

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 3/13/2025

Trans#: 1541741

Entity Name: NOMADS NATION MEDIA LLC - L18000046362

Auticles of Organization ()	Amendment ()
Articles of Organization ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other () Partnership Registration	
STATE FEES PREPAID WITH SUNBIZ ACCT #12016000001	L7 in the amount of \$55.00 ⁷
PLEASE RETURN:	

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

Phone: 855-498-5500

COVER LETTER

то:	Registration S Division of Co						
SUBJ	ECT: Nomads N	ation Media LLC					
	<u>-</u>	Name of Florida	Limited Liability C	Company			
Limite		s of Conversion and fe npany" into an "Other					
Please	return all corre	espondence concernin	g this matter to:				
Ryan N	Musser						
		Contact Person		_			
Elliott,	Thomason & Gibs	son, LLP				10	2
		Firm/Company		_		•	[25]
511 N.	Akard, Ste. 202		_			•	: زر:
		Address		-		:	 دن
Dallas.	Texas 75201			_			7(1
	Ci	ity, State and Zip Code				٠,	٠,,
	nomadsnation.co			_		113	2: 38
Е	-mail address: (to t	be used for future annual r	report notification)				
For fu	rther information	on concerning this ma	tter, please call:				
Aaron	Radeliffe		at (929-8	3549		
Name of Contact Person				ınd Dayt	ime Telephone Nun	ıber	_
Enclo	sed is a check fo	or the following amou	nnt:				
□ \$ 25	and Certificate of and Certified Copy Certified Co		\$60.00 Filing I Certified Copy, an Certificate of State	id			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

CR2E106 (05/17)

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:	
Nomads Nation Media LLC	
Enter Name of Florida Limited Liability Company	
2. The name of the "Converted or Other Business Entity" is:	
Nomads Nation Media LLC	
Enter Name of "Converted or Other Business Entity"	
3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, commo	n law or
organized, formed or incorporated under the laws of	country)
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. 5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida properties of State; AND 2) must be the same as the effective date of the conversion under the laws governing "Other Business Entity.")	rida

<u>Note:</u> 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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:		729 103rd Avenue N				
		Naples, Florida 3	Naples, Florida 34108			
Mailing Address:		729 103rd Avenu	ie N, Naples, Fl	orida 34108		
	,	Email: aaron@ne	mail: aaron@nomadsnation.com			
appr		amount to whi		agreed to pay any mem bers are entitled under s		
Signed	13th this	day of	March		_, 20 ²⁵	
Signatu	ıre:	Must be sig	laron Rad 34C2101180FA49 ned by a Member	Liffi 1 or Authorized Representative		
Printed	Name: Aaron	Radcliffe	Title:	Manager		
	Filing Fee: Certified Copy Certificate of S		\$25.00 \$30.00 (Option \$5.00 (Option \$5.00)			

Page 2 of 2