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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: The Babylon Bee, LLC		
(Name of Re	sulting Florida Limited Co	mpany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		
Please return all correspondence concernin	g this matter to:	
Paul J. Burkhart		
(Contact Person)		
The Law Office of Paul J. Burkhart		
(Firm/Company)		
800 Village Square Crossings		
(Address)		
Palm Beach Gardens, Florida 33410		
(City, State and Zip Code)		
SethDillon@gmail.com		
E-mail Address: (to be used for future annual re	port notifications)	
For further information concerning this ma	tter, please call:	
Linette Alvarado	at ( 561 ) 880-	0155
(Name of Contact Person)	(Area Code) (Da	9155 ytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the		sed 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	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building	P. O. Box 63	Section Corporations 927
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,	FL 32314

# <u>Articles of Conversion</u>

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 Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or	or business trust, etc.
First organized, formed or incorporated under the laws of Michigan  (Enter state, or if a non-U.S. entity, the name)	of the country)
09/26/2016 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles o	of Organization:
The Babylon Bee, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
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 cale 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 a document's effective date on the Department of State's records.	•
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cale 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 n	•
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cale 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 a document's effective date on the Department of State's records.	not be listed as the

Signed this 24th day of April	_ 20_18
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	- D-
Signature of Authorized Representative:	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Printed Name: Adam Ford	Title: Authorized Member
Signature: Printed Name:	Title
Timed (value)	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name;	Title:
Signature:	
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.  If Florida Congred Dommership and Limited Liability	corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnersmp:
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:	\$25.00 \$125.00 \$30.00 (Optional)

\$5.00 (Optional)

Certificate of Status:

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The Babylon Bee, LLC (Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "L1.C.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5090 PGA BLVD SUITE 216	5090 PGA BLVD SUITE 216
PALM BEACH GARDENS, FL 33418	PALM BEACH GARDENS, FL 33418
(The Limited Liability Company cannot serve as its own Regisbusiness entity with an active Florida registration.)  The name and the Florida street address of the  LAW OFFICES OF PAUL J. BI Nam  800 VILLAGE SQUARE CROS  Florida street address (P.C.)	registered agent are:  URKHART, PL  e  SSING
PALM BEACH GARDENS	FL 33410
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Seth Dillon		
	5090 PGA BLVD., SUITE 216		
	PALM BEACH GARDENS, FL 33418		
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(Use attachment if necessary)		AH IO: 2 OF STATI E. FLORII	ר
CLE V: Other provisions, if any.	,	21 RIDA	
			_
REQUIRED SIGNATURE:			
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I ament to the Department of State constitutes a third d	n aware that	
Seth Dillon			
Ty	ped or printed name of signee		
	Filina 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)