118000112825

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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18 MAY -4 AM 10: 02
SECRETARY OF STATE

MAY 1 0 2018 T SCHROEDER

COVER LETTER

TO: New Filing S Division of C				
SURJECT: NEW SE	ASON ENTERPRISE LLC	,		
Sobject.	ASON ENTERPRISE LLC (Name of Res	ulting Florida Limit	Company)	
	es of Conversion, Artic o a "Florida Limited Li	-		nitted to convert an "Other s. 605.1045, F.S.
Please return all corr	espondence concerning	g this matter to:		
JOSHUA DODD				
	(Contact Person)			
NEW SEASON ENTER	PRISE LLC			
	(Firm/Company)			
2021 E ROBINSON ST	SUIT B			
	(Address)	-		
ORLANDO, FL 32803				
(City, State and Zip Code)	•		
JOSHBDODD@GMAII	L.COM			
E-mail Address: (to l	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
JOSHUA DODD		at (⁴⁰⁷	76-0845	
(Name of Cont	act Person)	(Area Code)	76-0845 (Daytime Telephone N	umber)
	for the following amount a bank located in the		cessed by this offic	e 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 and Certified Cop	Certified Copy, Certificate of St	and
STREET ADDRES	SS:	MAILI	G ADDRESS:	
New Filing Section			ng Section	
Division of Corpora	tions		of Corporations	
Clifton Building 2661 Executive Cen	tar Cirola	P. O. B	c 6327 see, FL 32314	
ZOOT EXECUTIVE CEII	ICI CIICIC	i anana	CC, I'L 34314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

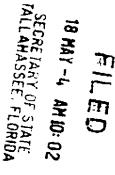
Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: NEW SEASON ENTERPRISE INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on JULY 25, 2005 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: NEW SEASON ENTERPRISE 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 2	_ day of JUNE	20_18
Signature of Author	rized Representative o	of Limited Liability Company:
Signature of Authorize Printed Name: JOSHU.	zed Representative: A DODD	Title: AMBER
Signature(s) on beha	· /	ntity: [See below for required signature(s)]
Signature:	<u></u>	
Printed Name: JOSHU.	A DODD	Title: AMBER
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		
		Title:
Signature:		
Printed Name:		Title:
	n, Vice Chairman, Direc	etor, or Officer. d, an Incorporator must sign.
If Florida General P Signature of one Gene	artnership or Limited eral Partner.	Liability Partnership:
If Florida Limited P Signatures of ALL G		Liability Limited Partnership:
All others: Signature of an autho	rized person.	

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certificate of Status: \$30.00 (Optional)

\$5.00 (Optional)

18 MAY - 4 AM 10: 02 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liability Company is:				
NEW SEASON ENTERPRIS		0 110" 1110"			
(Must conta	n the words "Limited Liability	y Company, "L.L.C.," or "LLC."))		
ARTICLE II - Address:	,				
The mailing address and	street address of the pr	incipal office of the Limi	ted Liability Company is		
Principal Office Addres	<u>s:</u>	Mailing Address:			
2021 E ROBINSON ST SUIT B		2021 E ROBINSON ST SUIT B			
ORLANDO, FL 32803		ORLANDO, FL 32803			
	<u>. </u>				
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl The name and the Florida	cannot serve as its own Regist orida registration.)	ered Agent. You must designate a			
The name and the Florida	i street address of the f	egistered agent are.	18 SE(
JOSH	UA DODD				
Name			FIL 18 MAY -4 SECRETAR:		
2021 E ROBINSON ST SUIT B			m -<		
Flor	ED AM 10: 02 OF STATE OF LORID				
ORLA	ANDO	FL 32803	O2		
	City	Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
AMBER	JOSHUA DODD			
	2021 E ROBINSON ST SUIT B			
	ORLANDO, FL 32803			
				
				
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(Use attachment if necessary)		公室		
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TICLE V: Other provisions, if any.		E's	いい。	D
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REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSHUA B DODD

Typed or printed name of signee

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)