118000145130

(Requesto	or's Name)
(Address)	<u> </u>
(Address)	l.
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(50311033	, Emily (value)
(Documen	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: SIEGEL MEDIA LLC	
	esulting Florida Limited Company)
	icles of Organization, and fees are submitted to convert an "Othe Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:
BENJAMIN SIEGEL	
(Contact Person)	
(Firm/Company)	
1451 BRICKELL AVE, #1403	
(Address)	
MIAMI, FL 33131	
(City, State and Zip Code) SIEGES92@GMAIL.COM)
E-mail Address: (to be used for future annual	report notifications)
For further information concerning this m	natter, please call:
BENJAMIN SIEGEL	at (414)313-9995
(Name of Contact Person)	at (414)313-9995 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the	ount: (All checks processed by this office must be payable in US e United States)
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$150.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

4

Articles of Conversion

For

"Other Business Entity"

Into

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.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conv	ersion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
2. The "Other Business Entity" is a	ness trust, etc.)
First organized, formed or incorporated under the laws of WISCONSIN (Enter state, or if a non-U.S. entity, the name of the	
(Enter state, or if a non-olds, the name of the	,
06/10/2015 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	ganization:
SIEGEL MEDIA LLC	
(Enter Name of Florida Limited Liability Company)	
 4. If not effective on the date of filing, enter the effective date:	
	he amount to
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	F 1 L

Signed this 15 day of MAY 20_	18
Signed this 15 day of 8141	
Signature of Authorized Representative of Limited L	iability Company:
Signature of Authorized Representative of Limited L. Signature of Authorized Representative: Printed Name: BENJAMIN SIEGEL Tit	(in the second
Signature of Authorized Representative:	do: MEMBER
Signature of Authorized Representative:Tit Printed Name: BENJAMIN SIEGELTit	ile. Marie
Patitive ISec	below for required signature(s)
Signature(s) on behalf of Other Business Entity: [See	,,,,,
Signature: Ben's and Signature: Ti	Chairman
Signature: Signature: Signature: Ti	itle:
Printed Name.	
Signature: T Printed Name: T	itle:
Printed Name:1	Hic
• • • • • • • • • • • • • • • • • • • •	
Signature:T	Title:
Printed Name:	
Signature:	P. J.
Printed Name:	Title:
Filinea Hamo	
Signature:Printed Name:	Title:
Printed Name:	
_	
Signature:Printed Name:	Title:
Printed Name.	
If Florida Corporation:	fficer
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O	ornorator must sign.
If Directors or Officers have not been some	
If Florida General Partnership or Limited Liability	y Partnership:
Signature of one General Partner.	
Signature of one General	Limited Partnership:
If Florida Limited Partnership or Limited Liability	y Limited 1 at the compa
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Carry	
Fees:	\$25.00
Articles of Conversion:	2125.00
Fees for Florida Articles of Organization:	\$30.00 (Optional)
Certified Copy:	\$5.00 (Optional) ₹₹ €
Certificate of Status:	AS AS
	\$30.00 (Optional) \$5.00 (Optional) S5.00 (Optional)
	FILED WIS M. 9 HARY OF STA
	OF STATE ORIDA
	FD STATE CORNER
	<i>५<u>१</u>६</i>

·:

SIEGEL MEDIA LLC		Clar Company "L. L. C. " or "L. [. C. ")	
(Mu	st contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres	dress: as and street address of the	e principal office of the Limited I	Liability Company is:
Principal Office A	Address:	Mailing Address:	
BENJAMIN SIEGEL		BENJAMIN SIEGEL 1451 BRICKELL AVE, #1403	
1451 BRICKELL AV MIAMI, FL 33131	E, #1403	MIAMI, FL 33131	
business entity with an	active Florida registration.) Florida street address of t	egistered Agent. You must designate an ind	
business entity with an	Florida street address of t BENJAMIN SIEGEL		
business entity with an	Florida street address of t BENJAMIN SIEGEL N	he registered agent are:	
business entity with an	Florida street address of t BENJAMIN SIEGEL N 1451 BRICKELL AVE. #14	he registered agent are:	
business entity with an	Florida street address of t BENJAMIN SIEGEL N 1451 BRICKELL AVE. #14	he registered agent are: aine	
business entity with an	Florida street address of t BENJAMIN SIEGEL N 1451 BRICKELL AVE, #14 Florida street address (he registered agent are: ame 03 P.O. Box NOT acceptable)	

(CONTINUED)

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Α	RT	ıcı	ı'n	1 V -

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	BENJAMIN SIEGEL. 1451 BRICKELL AVE, #1403 MIAMI, FL 33131		
(Use attachment if necessary)		SECKE IA	10 11 12
ARTICLE V: Other provisions, if any.		E FLOG	
DECHINED SIGNATURE.			<u> </u>
REQUIRED SIGNATURE:	the sixed representative of a	member	
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a ce with section 605.0203 (1) (b), Florida Sta cument to the Department of State constitute	tutes. I am aware that is a third degree felor	at ny
BENJAMIN SIEGEL	Typed or printed name of signee		

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