L18000258749

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Lifety Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openiar instructions to 1 ming officer.

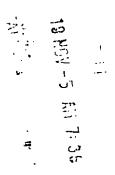
Office Use Only

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COVER LETTER

TO:	Registration S Division of C							
SUB	IECT: FAIRCI	HILD MEDIA LLC						
			of Resulting Florida	Limite	ed Company)			
			_		d fees are submitted to coordance with s. 605.			Other
Please	e return all corre	espondence concernin	g this matter to:					
Jess	ica Marschke							
		(Contact Person)				≥:	<u></u>	
Busi	ness Filings In	corporated				- 1	5	t
		(Firm/Company)					19 807 -5	
8020	Excelsior Dr.	Ste 200					Ġ	
		(Address)						
Madi	son, Wi 53717	7				o _r	ني. دن	
	<u> </u>	City, State and Zip Code)				•,	Cof Car	
fulfill	ment@bizfiling							
		e used for future annual re	port notifications)					
Ess 6								
		on concerning this ma	-					
Jess	ica Marschke		_at (<u>800</u>)	-7183	_		
	(Name of Conta	et Person)	(Area Code)	(Day	rtime Telephone Number)			
Enclo	sed is a check f	or the following amou	int:					
(\$25 fd & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporati in Building Executive Cent	ions	Registra Division P. O. Bo	ation S n of C ox 633	Corporations			

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

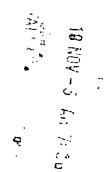
Into

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)	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	s a Limited Liability Company
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incom	orated under the laws of Connecticut
on 4/2/2004	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
3. The name of the Florida Limi	incorporation) ted Liability Company as set forth in the attached Articles of Organization: .
3. The name of the Florida Limi	

Page 1 of 2



Signed this 24 day of 0 T	20 <u>18</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: ///////// Printed Name: Michael Weaver	Title: Member	
Signature(s) on behalf of Other Business Entity:		
Signature:	Title: Member	
Signature: Printed Name:	Title:	
Signature:Printed Name:		
Signature:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	Officer.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	, -	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	A. B.
All others: Signature of an authorized person.		10/5
Fees:		7.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	9 % 36

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FAIRCHILD MEDIA LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
433 Central Ave	433 Central Ave
Ste 300	Ste 300
St Petersburg, Florida 33701	St Petersburg, Florida 33701
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
	•
Business Filings Incorpora	ated
Name	
1200 South Pine Island R	oad
Florida street address (P.O.	Box NOT acceptable)
Plantation	FL 33324
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as regional Registered Agent's Signal	uit williams, A.V.P.

	RTI	CI	г	137
- 14	K I I			1 1

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 AMBR	Michael Weaver 433 Central Ave, Ste 300 St Petersburg, Florida 3370	1	
			<u> </u>
(Use attachment if necessary)			
or 90 days after the date of filing.) TICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE;			
Millita	Alali		
Malletha	ulties of perjury that the facts stated bmitted in a document to the Depart	n of this d herein are	ocument true
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided the section of the secti	 (b), Florida Statutes, the execution alties of perjury that the facts stated bmitted in a document to the Depart ided for in s.817.155, F.S.) 	n of this d herein are	true.
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided the section of the secti	 (b), Florida Statutes, the execution of the perjury that the facts stated binitited in a document to the Depart ided for in s.817.155. F.S.) 	n of this d herein are	true. State
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the se	(b), Florida Statutes, the executionalties of perjury that the facts stated bimitted in a document to the Depart ided for in s.817.155. F.S.) ember ped or printed name of signee	n of this d herein are ment of S	true.
Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the penal I am aware that any false information su constitutes a third degree felony as provided in the section of the se	(b), Florida Statutes, the execution alties of perjury that the facts stated bimitted in a document to the Depart ided for in s.817.155. F.S.) ember ped or printed name of signee f Organization and Designation	n of this d herein are ment of S	true. State