# 11800026545

| (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: |
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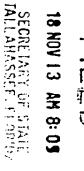
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**COVER LETTER** ing Section Constanting Intercept Lactic Media Group MJP INC of Corporations to

MASTER MANAGEMENT MJR LLC

(Name of Resulting Florida Limited Company) **New Filing Section** TO: Division of Corporations The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: Joseph Di FRANCESCO
(Contact Person)

MASTER MANAGEMENT MJR LLC
(Firm/Company) E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: To Sept Dr France Sco at (407) 310 - 4522

(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) \$150.00 Filing Fees □\$155.00 Filing Fees □\$180.00 Filing Fees □\$185.00 Filing Fees. (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) **∴**..;

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 18 NOV 13 AM 8: 09
SECRETARY OF STATE

INHS11 (7/17)

### **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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  [NTERGALACTIC MEDIA GLOUP MIP   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 <u>FL</u>  |
| on (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)   |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| MASTER MANAGEMENT MJR, LLC (Enter Name of Florida Limited Liability Company)   |
| (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.

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SECRETARY OF STATE

| Signed this 8 day of November   | 20/8   |                     |
|---|--|---------------------|
| Signature of Authorized Representative of Lim   | ited Liability Company:  |                     |
| Signature of Authorized Representative:  Printed Name: To exh D. Rowcesco                                 | Title. Antren  | <del>-</del>        |
| Signature(s) on behalf of Other Business Entity:  |  |                     |
| Signature: The Cold was an  |  |                     |
| Printed Name: NOITH D. FRAN CONCO   | Title: Phandet Intergalization                                 | Media Group MAP INC |
|   |  | •                   |
| Signature:Printed Name;   | Title:   | _<br>_              |
| Signature:  |  |                     |
| Signature:Printed Name:   | Title:   |                     |
|   |  |                     |
| Signature:Printed Name:   | Title:   | <b>-</b>            |
|   |  |                     |
| Signature: Printed Name:  | Title:   | _                   |
|   |  |                     |
| Signature:Printed Name:   | Title:   | _                   |
|   |  | _                   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                                | Officer  |                     |
| If Directors or Officers have not been selected, an Inc   |  |                     |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.                       | ty Partnership:  |                     |
| If Florida Limited Partnership or Limited Liabilit<br>Signatures of <u>ALL</u> General Partners.          | ty Limited Partnership:  |                     |
| All others: Signature of an authorized person.  |  |                     |
| Fees:   |  | <b>.</b>            |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) | FIL.                |

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| MATTER MANAGEMEN   | TMIR LCC  |
| (Must contain the words "Limited Liability   | Company, "L.H.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the pr   | incipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:  |
| Longwood FU 32750  |   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)                                     |   |
| The name and the Florida street address of the re  |   |
| Joseph Di<br>Name<br>2005 Thee Fi<br>Florida street address (P.O.  | nt live #113  |
| Lo Newood City   |   |
| liability company at the place designated in<br>registered agent and agree to act in this capaci<br>statutes relating to the proper and complete p<br>accept the obligations of my position as reg | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all serformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |
| (CONTINI   | SECRETAN TALLAHASS  |

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:  |
|---|--|
| "MGR" = Manager   | Juseph DiFRANCENCO MGI<br>2005 Thee FUNK LAND #11<br>LUMONDON FC 32750   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | - Peop   |
|   |  |
|   |  |
| (Use attachment if necessary)   |  |
| LEW Od  |  |
| LE V: Other provisions, if any.   |  |
|   |  |
| REQUIRED SIGNATURE:   |  |
| Management of the state of the |  |
| <ul> <li>This document is executed in accordance</li> </ul>   | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo |
| _   | FRANCEVCO ped or printed name of signee  |
|   | ped or printed name of signee  |
| Ту  | Filing Fees  |

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

**ARTICLE IV-**