# 119000010851

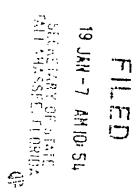
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900322855549

01/07/19--01035--018 \*\*185.00



W 14 2019

T SCHROEDER

### **COVER LETTER**

4

TO: New Filing Section Division of Corporations	
SUBJECT: Media Convect arrive (Name of Resulting Florida Limited Company)	rs LLC
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted Business Entity" into a "Florida Limited Liability Company" in accordance with s. 60:	
Please return all correspondence concerning this matter to:	
PATRICIA KLEIN	
PATRICIA KLOW P.A.	
3860 N. PowerLive Rd	
Deer Field Beach, Ft. 3307. (City, State and Zip Code)	3
PATRICIA K & PKLEIWLAW COM E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
PATRICIA KLOIN at (954) 935-317 (Name of Contact Person) (Area Code) (Daytime Telephone Number	
Enclosed is a check for the following amount: (All checks processed by this office mudollars and drawn on a bank located in the United States)	st be payable in US
☐ \$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 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

## **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:  Media Convert Parts LLC MY - NWO  (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a FOTE (Q N Corporation V — CEnter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	<u>-</u>
	,
First organized, formed or incorporated under the laws of	
on 6-7-2010 (date of organization, formation or incorporation)	
( and or organization of morporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Media Convect Partners UC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: Date of Filing	>
(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	
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.	
	-
	ì
	Ì
	Ì

/A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ı G	}	
Signed this da	ay of Trueay	_ 20_ [	<u></u>	
Signature of Authorize	d Representative of Limit	ted Liabili	ty Company:	
		, //		
Signature of Authorized	Representative:	0/1		
Printed Name: WQRIC	Action	Title:	Managen	a Mouley
Signature(s) on behalf o	f Other Business Entity: }	See below i	() for required signature(s)	<u> </u>
				_
Signature:	PAGET!	Tisler	1 1	<del></del>
ranied wanie.	- ACAGO!	Title:	May puin_	
Signature:	<del></del>	4		
Printed Name:		Title:		<del></del>
Signature:				
Printed Name:		_ Title:		_ _
Signature:				
Printed Name:		_ Title:		_ _
Signature:				
Printed Name:		Title:	<u> </u>	<del>-</del>
		11110		_
Signature:			<del></del>	_
Printed Name:		Title:		<del></del>
If Florida Corporation:				
Signature of Chairman, V	ice Chairman, Director, or (	Officer.		
	ive not been selected, an Inc		nust sign.	
If Florido Consuel Doute	annakin uz Tirrika d fili kilik	D - 4	. •	
Signature of one General	<mark>iership or Limited Liabilit</mark> Partner	y Pariners.	hip:	
organizate of one General	r dreat.			
	ership or Limited Liabilit	y Limited l	Partnership:	
Signatures of <u>ALL</u> Gener	al Partners.			
All others:				

Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Media Ouver arrivers LC  (Must contain the words "Limited Liability Company. "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
3860 N-Powertive Ed SAMC Deerfield Beach, FC 33073
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
PATRICIA KLEIN ESQUITE
3860 N. Powerlive Rd
Florida street address (P.O. Box <u>NOT</u> acceptable)
City Sip
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
Ja Care
Registèred Agent's Signature (REQUIRED)
(CONTINUED)
AH ID 54

ARTICLE IV-
-------------

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	Wash Allieri 3860 N. Powerhive Rd Dearfield Boach, FT 53023
	(%)
(Use attachment if necessary)	MIO 54
ARTICLE V: Other provisions, if any.	<b>E</b> * * * * * * * * * * * * * * * * * * *
REQUIRED SIGNATURE:	
This document is executed in accordance was	with section 605.0203 (1) (6), Florida Statutes. I am aware that the Department of State constitutes a third degree felony
Typ	ed 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)