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SECRETARY OF STATE TALLAHASSEE, FL

N CULLIGAN MAY 2 6 2020 TO: New Filing Section Division of Corporations **SUBJECT:** Iting Florida Limited Company) 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: E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: 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) \$185.00 Filing Fees, □\$180.00 Filing Fees □\$155.00 Filing Fees \$150.00 Filing Fees Certified Copy, and and Certified Copy and Certificate of 7525 for Conversion Certificate of Status & \$125 for Articles Status of Organization) Street Address: Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

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Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE, FL

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: Midwight Rock Show, LLC. |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC. (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 1-15-2017 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| MONET MUSIC, 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: 3-11-2020. (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.

| 0.1 | |
|---|--|
| Signed this 24 day of MAY | _20 |
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative Printed Name Of Durons | Tide: OWNER/MNGR. |
| Signature(s) on behalf of Other Business Engliv: | See below for required signature(s)] |
| Signature: Printed Name: Con Durons | TIME OUNER/MNAR. |
| Signature:Printed Name: | |
| Signature:Printed Name: | _ Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | Officer. corporator must sign. |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$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:

| MoNET Music LLC. (Must corrain the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | |
|--|-------------------|------------|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com | ipany is: | | |
| Principal Office Address: Mailing Address: | | | |
| 901 COLONYPOINT CIRCLE # 109 901 COLONY FOINT CIRCLE & | #107 |) | |
| PEMBROKE PINES, FL. 33026 PEMBROKE PINES, FL. 3308 | 26 | | |
| 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: Name | SECRETA TALLAH | 2828 FEB 2 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 90/ COONY POINT CIRCLE #109 Florida street address (P.O. Box NOT acceptable) | HASSEE, | 21 PH 2: | ון כ |
| PEMBROKEPINES FL 33026 City Zip | TATE | : 06 | |

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 acc 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 (RED)

(CONTINUED)

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ARTICLE IV-

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

| DUNE | Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: Scott, Dubo4S 901 CoLONY HOWT GROVE # 109 PEMBROKE PINES, FL. 33026 | | |
|-------|--|--|--------------|-------------|
| | | | | |
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| | | | | |
| | (Use attachment if necessary) | | S E | 282 |
| ARTIC | CLE V: Other provisions, if any. | | CRETARY OF | 2829 FEB 21 |
| | REQUIRED SIGNATURE: | | ORETARY OF S | 7° |
| | | TO THE STATE OF TH | TATE | 2: 06 |
| | Signature of a member or and This document is executed in accordance with any false information submitted in a document as provided for in s.817.155, F.S. | authorized representative of a member the section 605.0203 (1) (b). Florida Statutes. I am aware that to the Department of State constitutes a third degree felony | | |
| | 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)