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| Special Instructions to 535,3589 | Filing Officer: | |
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ATTOM OF LOST FRANKERS

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Miller Media Partners, LLC (Name of Resulting 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: |
| Hexander B. Miller (Contact Person) Miller Media Partner, 11 (Firm/Company) |
| 2135 Lee In (Address) |
| Scrasota FL 34231 (City, State and Zip Code) Millernetia partners a mail. com E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| Alexander B. Miller at (919) 710-1725 (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 (\$25 for Conversion & Status of Organization) \$155.00 Filing Fees and Certificate of Status \$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: 9/28.75 New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P. O. Box 6327 |

Tallahassee, FL 32314

2661 Executive Center Circle

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, Flo Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a finited liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust |
| First organized, formed or incorporated under the laws of North Careline (Enter state, or if a non-U.S. entity, the name of the country) |
| on G G 2019 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization (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 a 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 t 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. |
| The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amoun which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. |

| Signed this 15 day of Will | _ 20 <u> 20</u> |
|--|--|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| Signature of Authorized Representative: Printed Name: Alexander Miller | Title: Co-Owner / Arthorized |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: All Guil Miller Printed Name: Alot Guil Miller | Title: CO-DWNEY / Autorized member |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature: Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| <u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners. | y 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 | : |
|--|---|
| Must contain the words "Limited Liabil | Ctvres lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited Liability Company |
| Principal Office Address: | Mailing Address: |
| 935 N. Beneva Pd STE 801 501092 Sarciota, Fl. 34232 | 935 N. Beneur Rd STE 801 50692 Scrasufa, FL 34232 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) | d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another |
| The name and the Florida street address of the Mexander Nam | registered agent are: Miller - Anthoniced Numb |
| 2135 Let Lo Florida street address (P.C | |
| <u>Sarasofa</u> City | FL 34231 Zip |
| liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re | to accept service of process for the above stated ling this certificate. I hereby accept the appointment city. I further agree to comply with the provisions performance of my duties, and I am familiary ith registered agent as provided for in Chapter 60 F. |
| Registered Agent's Sig | nature (REQUIRED) 全 |

(CONTINUED)

| | s. L.A.damoor |
|---|---|
| Title: "AMBR" = Authorized Member "MGR" = Manager AMB Z | Name and Address: Abigail Miller 2135 Les Lo |
| AMBR | Symsota, FL 34231 Alexander Miller 2135 Lee La Sarasota, FL 34231 |
| | |
| | |
| (Use attachment if necessary) | |
| TICLE V: Other provisions, if any. | |
| | |

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

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony

as provided for in s.817.155, F.S.

ARTICLE IV-

Exander Miller - Huthorized

Typed or printed name of signee

Filing Fees

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