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Special Instructions to	Filing Officer:	

Office Use Only



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(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 I and Certifica Status			.00 Filing tified Copy		☐S185.00 Filing Fe Certified Copy, and Certificate of Status			
	Mailing Add New Filing S Division of O				ì	Vew F	Address: Tiling Section on of Corporation	c		
	P.O. Box 63						entre of Tallahass			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:
(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 Aug 19 Zoo4 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SKPP MEDIA LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: A04 17 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.

Signed this 29 day of 5591	20 <u></u> 20
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:	Eur (41berg
Signature of Authorized Representative: Printed Name: STEVE KILBELE	Title: President
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Signature:Printed Name:	7.1
rinted Name:	т ие:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
if Directors of Officers have not been selected, an in	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
<mark>If Florida Limited Partnership or Limited Liabili</mark> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Certificate of Status;	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
SICRA MEDIA LLZ
(Must contain 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 Company is:
Principal Office Address: Mailing Address:
2423 S OPANGE AVE #305 SAME ORLANDO, FL 32806
<u> 27(CANYO, FC 32866</u>
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:
Steve Kilberg
2423 S 02MGE AVE # 305 Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
CPLANDO FL 37806 City Zip
City Zip
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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	STEVE KILBERS
MGR	PATRICIA RYAN 2423 S ORANGE AND H ORANDO, FK 32506
(Use attachment if necessary) CLE V: Other provisions, if any.	
Size v. Other provisions, ir any.	
REQUIRED SIGNATURE:	ilbreig
Signature of a member or a This document is executed in accordance vany false information submitted in a document provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felority.
See	red or printed name of signee
Тур	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)