L20000331138

(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
W20000 122 978 W20000121118
W2000121118

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500	
ACCOUNT NO. : I20000	000195
REFERENCE : 459757	7982679
AUTHORIZATION : Cypiel	Seeman
COST LIMIT : \$ 150.	, 00
ORDER DATE : October 16, 2020	
ORDER TIME : 11:28 AM	
ORDER NO. : 459757-005	
CUSTOMER NO: 7982679	
DOMESTIC AMENDMENT FI NAME: AERO ENTERTAINMENT LLC	LING
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT/ DOMESTICATIO RESTATED ARTICLES OF INCORPORATION	N
PLEASE RETURN THE FOLLOWING AS PROOF OF F	ILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Amanda Robinson EXT#	62968

EXAMINER'S INITIALS:

COVER LETTER

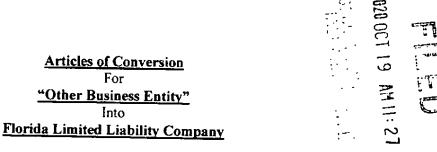
TO:	New Filing Son Division of C					
SHRI	FCT∙	AERU	ENTE	Sulting Florida Limit	1 T	LLC
3010		(3)	ame of Res	sulting Florida Limit	ed Con	прапу)
The e Busin	nclosed Article ess Entity" into	s of Convers a "Florida L	ion, Artic Limited L	les of Organization	on, an " in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence o	concernin	g this matter to:		
	Barry	(Contact Per	Esy.			
	20	(Firm/Comp	pany)	A : - A		
	1488 1	(Address		race.		
	BOCA	RATIN	1 Fil	2 33496		
	·	City, State and	Zip Code)			
E-1	bawes 4 nail Address: (toll	be used for futur	MC: ALST re annual re	race 2 33496 . neT eport notifications)	•	
				tter, please call:		
<u> </u>) <u>x</u>	289-3633 /time Telephone Number)
	•	for the follow	ving amo	unt: (All checks p		sed by this office must be payable in US
& \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 F and Certifica Status	iling Fees te of	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of O	Section			New	t Address: Filing Section ion of Corporations
	P.O. Box 632					Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

"Other Business Entity"



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: AELU ENTERTAWMENT UC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a New Tersey Lic (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>is/27/2017</u> (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)
(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 locument'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 2/st day of October	20 <i>3C></i>
Signature of Authorized Representative of Li	mited Liability Company:
Signature of Authorized Representative: / Printed Name: Barry Wuss	Title: <u>authorized</u> person
Signature(s) on behalf of Other Business Entity	: (See below for required signature(s))
Signature: Printed Name: Signature State State	Title: _Authorized Person
Signature: Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
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 Ir	· Officer
If Florida General Partnership or Limited Liabil Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity 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:		
AEC	LO ENTELTANA	TENT 40	
	in the words "Limited Liability Co		
ARTICLE II - Address The mailing address and		ipal office of the Limited Li	ability Company is:
Principal Office Address	<u>s:</u> <u>N</u>	Mailing Address:	
930 Washing	in Ave	930 Washington Miani FL	2 Ave
Miami Fe	33139	Migni FL	23129
business entity with an active Flo	orida registration.)	ffice, & Registered Agent's Agent, You must designate an individ	fual or another
The name and the Florida			151 151 1020 1030
	Allen Tem	17	2020 OCT 19 AM II: 27
			19
	188 NE 23		19 AMII
Flori	da street address (P.O. Bo	x NOT acceptable)	
	MIAM.	FL 33137	27
	City	Zip	
registered agent and agr statutes relating to the	ne place designated in this ee to act in this capacity. I proper and complete perfo	rept service of process for the certificate, I hereby accept th I further agree to comply with rmance of my duties, and I ar red agent as provided for in C	he appointment as i the provisions of all m familiar with and
<u> </u>	Registered Agent's Signa	ture (REQUIRED)	
	(CONTINUED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Allen Temiz
<u>AMBR</u>	
	Mami FL 32170
	Mami FL 33139
	
(Use attachment if necessary)	
• •	
ICLE V. Oshowid	
ICLE V: Other provisions, if any.	
DEGLUDED GLOW	
REQUIRED SIGNATURE:	
1/4	
	
Signature of a member of an	a authorized representative of a member
	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docume	n authorized representative of a member ith section 605.0203 (1) (b), Florida Statutes. I am aware that ent to the Department of State constitutes a third degree felony
any false information submitted in a docume as provided for in s.817.155, p.s.	ent to the Department of State constitutes a third degree felony
any false information submitted in a docume as provided for in s.817.155, p.s.	ent to the Department of State constitutes a third degree felony
any false information submitted in a docume as provided for in s.817.155, 96.	Bin Wiss - Authorized Representation or printed name of signee
any false information submitted in a docume as provided for in s.817.155, ye. Types	control Section 605.0203 (1) (b), Florida Statutes. I am aware that the to the Department of State constitutes a third degree felony with the Department of State constitutes a third degree felony and Designation of Registered Agent

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

ARTICLE IV-

Company: