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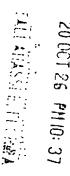
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Essences Entity / Entity
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D O'KEEFE NOV 2 0 2020







FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 14, 2020

CHAZ D'AVINO CHAZZY PRODUCTIONS 4302 REDWOOD DRIVE FORT PIERCE, FL 34952 - My Zipcode is 34951

SUBJECT: CHAZZY PRODUCTIONS LLC

Ref. Number: W20000118390

We have received your document for CHAZZY PRODUCTIONS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section "Signatures(s) on behalf of Other Business Entity: " in the Articles of Conversion.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 620A00020280

www.sunbiz.org

COVER LETTER

TO: New Filing S				
Division of C	orporations	<i>C</i>		
SUBJECT: C	hazzy Product (Name of Res	rulting Florida Limited Con	npany)	
	-	les of Organization, an ability Company" in a		
Please return all corre	espondence concerning	g this matter to:		
Chaz D	(Contact Person)			
Chazz	y Production (Firm/Company)	<u>S</u>		20 0C
4302 Reduind	(Address)	Pierce, FL, 34	951	126 P
Fort Pierce	FL 34451 City, State and Zip Code)			PH 10: 37 PH 10: 37 E FLORM
E-mail Address: (to b	yunou.com e used for future annual re	port notifications)		× -
For further information	on concerning this ma	tter, please call:		
Chuz D	Avino	_at (772) 9	40-6540	
(Name of Conta	ct Person)	(Area Code) (Day	rtime Telephone Number)	
	or the following amou a bank located in the	nt: (All checks process United States)	sed by this office must	be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	2\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S			t Address: Filing Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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:
Chazzy Production 5 Two (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
TNO
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of <u>FLORIDA</u> , <u>UNITED</u> <u>STATES</u> (Enter state, or if a non-U.S. entity, the name of the country)
on July 07, 2020 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Chazzy Productions 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:
(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.

20 OCT 26 PH IO: 37

	_			
Signed this Septembry day of 16th	_ 20 <u>20</u>			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative: Uha	1 2.			
Printed Name: ChūZ D'AVIAO	_Title: Tennder	<u>.</u>		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)			
		V		
Signature:	<u> </u>	_		
Signature: Chaz D'Avino	Title: Founder	_		
Signature: Printed Name:	Trial			
Printed Name:	Title:	_		
Signature:				
Signature:Printed Name:	Title:	_		
				
Signature:		_		
Printed Name:	Title:	_		
Signatura				
Signature:Printed Name:	Title:			
A A A A A A A A A A A A A A A A A A A		_		
Signature:		_		
Printed Name:	Title:	_		
YETT II O				
If Florida Corporation:	000			
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.				
in Direction of Officers have not been selected, all file	orporator must sign.			
If Florida General Partnership or Limited Liabilit	y Partnership:			
Signature of one General Partner.		Σ¥	N 1	
	•		000	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	25 25	0 OCT 25	
Signatures of ALL General Partners.		ASS.	20	
All others:		ři.	-Tn	
Signature of an authorized person.		- 21	=×	
•			PH 10: 37	
<u>Fees:</u>		₩	37	
	***	-		
Articles of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)			
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)			
Corninate of Status.	45.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mu	st contain the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad	drace.	
		e principal office of the Limited Liability Company is:
Principal Office A	.ddress:	Mailing Address:
	d Drive Fort	4302 Redwood Drive, Fort
- PIECCE , F-1, 2	<u> </u>	4302 Redwood Drive, Fort Pierce, FL, 3495/
ARTICLE III - R (The Limited Liability Co	egistered Agent, Registermany cannot serve as its own Rective Florida registration.) Florida street address of the Chaz DIAVIA	ered Office, & Registered Agent's Signature: Legistered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability Co	egistered Agent, Registermany cannot serve as its own Rective Florida registration.) Florida street address of the Chaz D'Avid No.	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Title: "AMBR" = Authorized Member "MGR" = Manager Line 2 - Plant it MG (2)	Name and Address:
MGR	Chaz D'Avino 4302 Redword Drive, Fort Piero EL, 34951
(Use attachment if necessary)	20 OCT 2
CLE V: Other provisions, if any.	SEE, F. 0:
REQUIRED SIGNATURE:	

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.

Cha2 D'Avino
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)