L21000130139

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

Office Use Only



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03/02/21--01029--013 **185.00

2021 HAR -2 PH 2: 59
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	New Filing S				
	Division of C	orporations			
SUBJ	ECT: Aquedu	uct Entertainment, Ll			
		(Name of Res	ulting Florida Lir	nited Co	mpany)
					nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to	:	
William	n McConnell				
		(Contact Person)			
Aqued	uct Entertainme	nt, LLC			
-		(Firm/Company)		_	
4232 1	1 Street				
	· - 	(Address)			
Deerfie	eld Beach, FL 33	3442			
	((City, State and Zip Code)	<u> </u>		
bill@ad	queductpictures	.com			
E-m	ail Address: (to b	e used for future annual re	port notifications)	<u> </u>	
For fu	rther informati	on concerning this ma	tter, please call	:	
William	McConnell		_at (1	8379
	(Name of Conta	et Person)	(Area Cod	le) (Da	ytime Telephone Number)
		or the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified C		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				et Address: Filing Section
	Division of C				tion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

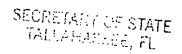
P.O. Box 6327

Tallahassee, FL 32314

FILED

2021 MAR -2 PM 2: 59

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: Aqueduct Entertainment, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
(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)
11/28/2011
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Aqueduct Entertainment, LLC
(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.)
<u>Note:</u> 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 25th day of February	20 <u>_21</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Milliam McCom	mell
Printed Name: William McConnell	Title: Managing Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: William McConnell	
Printed Name: William McConnell	Title: President
c:	
Signature: Printed Name: Douglas Swim	Title: Vice President
Signature:	
Signature: Printed Name: Terri Grippo	Title: Secretary/Treasurer
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of NEE Ocheral Fathers.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Aqueduct Entertainment, LLC		
(Must contain the words "Li	ted Liability Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address:		
The mailing address and street addres	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4232 SW 11 Street	4232 SW 11 Street	
Deerfield Beach, FL 33442	Deerfield Beach, FL 33442	
(The Limited Liability Company cannot serve as i	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:	
(The Limited Liability Company cannot serve as in business entity with an active Florida registration). The name and the Florida street address.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:	
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street address william McConnell 4232 SW 11 Street.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another Security of the registered agent are: Name Name 22 22 22 22 22 22 22 22 22 22 22 22 2	
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street address william McConnell 4232 SW 11 Street.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another Secretary Communication of the secreta	
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street address william McConnell 4232 SW 11 Street.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another Security of the registered agent are: Name Name 22 22 22 22 22 22 22 22 22 22 22 22 2	

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 free mas provided for in Chapter 605, F.S..

William McConnell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	ľľ	C	L	F.	ľ	V-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	William McConnell	
100.11	4232 SW 11 Street	
	Deerfield Beach, FL 33442	
MGR	Douglas Swim	
	4232 SW 11 Street	
	Deerfield Beach, FL 33442	
AMBR	Terri Grippo	
	4232 SW 11 Street	
	Deerlield Beach, FL 33442	
N/A		
		SECTION TO
(Use attachment if necessary)		SECRIETARY STALLAHAS
ARTICLE V: Other provisions, if any. N/A		PH 2:
		FATE 59
DECHIDED CLCMATUDE.		
REQUIRED SIGNATURE:		
William McCinnell		

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.

William McConnell

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)