L21000138263

(Red	questor's Name)	
(Add	fress)	
(Ada	()	
(Add	iress)	
(City	//State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	es of Status
Special Instructions to F	Filing Officer:	
	Office Use O	nly



300354998513

11/19/20--01015--025 **4\$0.00

21 APR -1 AM 8: 23

AR FIRM 4/1/21

17 J. 199

W2-136821



December 3, 2020

JOSHUA O. MILLER C&I FILMS, INC 3250 NEW 28TH STREET #612 FORT LAUDERDALE, FL 33308

SUBJECT: C&I FILMS, LLC Ref. Number: W20000136821

We have received your document for C&I FILMS, LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct number/section 2 in the Articles of Conversion. The "First organized date "does not match our records.

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 L O'KEEFE Regulatory Specialist II

21 APR - I AM 8: 2

Letter Number: 920A00024146

www.sunbiz.org

COVER LETTER

TO: New Filing S Division of O				
		ns, LLC		
30 B3 CC 1	(Name of Resi	nS, LLC ulting Florida Limited (Company)	_
The enclosed Article Business Entity" int	es of Conversion, Articl	es of Organization.	and fees are submitted to accordance with s. 605.	convert an "Other 1045, F.S.
Please return all cor	respondence concerning	g this matter to:		
WII.	(Contact Person)			21 APR -
	(Firm/Company) Buy 7003 (Address)			
Cando	(Address)	3577/		8: 23
E-mail Address: (to	be used for future annual re	port notifications)		
For further informa	tion concerning this ma	tter, please call:		
(Name of Cor	ALLEN Mact Person)	at (845-7667 Daytime Telephone Number)	_
Enclosed is a check dollars and drawn of	for the following amount a bank located in the	int: (All checks pro United States)	cessed by this office must	be payable in US
\$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	cs \$185,00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad New Filing Division of P.O. Box 6: Tallahassee	Section Corporations 327	N D Ti 2 ²	ercet Address: ew Filing Section ivision of Corporations the Centre of Tallahassee 415 N. Monroe Street, Sui allahassee, FL 32303	ite 810

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:
(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.
First organized, formed or incorporated under the laws of [Enter state, or if a non-U.S. entity, the name of the country)
or
(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 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.

21 APR - I AM 8: 23

Signed this 29 day of March	20_24			
Signature of Authorized Representative of L	imited Liability Company:			
Signature of Authorized Representative: Printed Name: Otis Miller	Title: CFO	_		
Signature(s) on behalf of Other Business Entit	y: [See below for required signature(s)]			
Signature: July Miller Printed Name: Joshua Miller	Title: CEO	- -		
Signature:Printed Name:				
				,
Signature:Printed Name:	Title:	_		
Signature:Printed Name:	Title:	_ _		
Signature:Printed Name:	Title:	<u>-</u>		
Signature:Printed Name:	Title:	<u> </u>		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director of Directors or Officers have not been selected, a	r, or Officer.	- 1 4		
If Florida General Partnership or Limited Li Signature of one General Partner.	ability Partnership:	EL CRETA	21 APR -	i n
If Florida Limited Partnership or Limited Li Signatures of ALL General Partners.	ability Limited Partnership:		- AH	E E
All others: Signature of an authorized person.		10 C	8: 23	
Fees:				
Articles of Conversion: Fees for Florida Articles of Organizati Certified Copy: Certificate of Status:	\$25.00 ion: \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C&I Films 11 C	
C&I Films , LLC (Must contain the words "Limited Lin	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
541 NW 1St Ave	541 NW 1St Ave
Fort Lauderdale, Fl 33301	Fort Lauderdale, Fl 33301
The name and the Florida street address of t Joshua Miller N	vame
3250 NE 28th Street Suite	
Florida street address ((P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33301
City	Zip
	and to accept service of process for the above stated limited ted in this certificate. I hereby accept the appointment as

(CONTINUED)

21 APR -1 AM 8: 23

ARTICI	.F ¹	IV.

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

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	Joshua miller		
	541 NW 1St Ave		_
	Fort Lauderdale, Fl 33301		_
AMBR	Otis Miller		_
	PO BOX 2003		_
	GARDENDALE, AL 3507		_
			_
		<u> </u>	-
			_
		±11.€.	7
		<u> </u>	>
		- 5 -:	ž
(III)		<u>8</u> 4	<u> </u>
(Use attachment if necessary)			A
CLE V: Other provisions, if any.			<i>'</i> 5 ⇔
production company		83.	<u>ස</u>
			_
REQUIRED SIGNATURE:			
Attoni	(1)		
- qui la	282C		
/		a b a u	
Signature of a member or	an authorized representative of a with section 605.0203 (1) (b), Florida Sta	a member dutes Lancaware	• that
This document is executed in accordance	ament to the Department of State constitute	s a third degree f	clon

MILEAT Typed or printed name of signee

Filing Fees

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