FP0102700015J

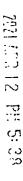
(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	cument Number)	
(50	odinen Namber,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		<u> </u>

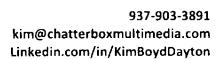




900354794289

11/12/20--01016--009 **150.00







April 12, 2021

Florida Department of State Division of Corporations

RE: Chatterbox Multi Media, LLC Business Registration

REF. W 20000 133728

Dear Jessica.

I submitted my paperwork to register my business with the State of Florida on November 9, 2020. Subsequently I received a letter addressed from you dated November 20, 2020 that there was a signature required, but no guidance as to exactly where I was supposed to sign. I signed under the heading SIGNATURE(S) ON BEHALF OF OTHER BUSINESS ENTITY. This was the only area where I thought the signature might be needed. I mailed the forms back on December 7,2020.

Since then, I have made approximately 12 calls to try and speak with you about my listing, as it currently shows active but under my name says REJECTED FILING. I have never received a call or any written acknowledgement from you so I am writing this letter to hopefully get this matter resolved and my listing corrected so it doesn't show as rejected.

A copy of my check is attached which was cashed November 12, 2020. I would greatly appreciate your help in finalizing this situation, as my bank still need verification for my business accounts and this situation is holding me up being able to complete my banking business.

Can you please call me to discuss if anything else is needed? Or provide written documentation that the matter is resolved?

Thank you
Kim Boyd, President
203 Sand Dollar Rd
Indialantic, FL 32903
937-903-3891
kim@chatterboxmultimedia.com

127-20 MONER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2020

KIM BOYD 203 SAND DOLLAR RD INDIALANTIC, FL. 32903

SUBJECT: CHATTERBOX MULTI MEDIA, LLC

Ref. Number: W20000133728

We have received your document for CHATTERBOX MULTI MEDIA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 820A00023475

FILING DOC W20000 133728
REJECTED FILING?

COVER LETTER

TO: New Filing	Section Corporations				
	•				
SUBJECT: Challe	rbox Multi Media, LLC (Name of Re	sulting I	lorida Limite	ed Con	npany)
	es of Conversion, Artic	les of	Organizatio	on, an	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all con	respondence concernin	g this i	matter to:		
Kim Boyd					
	(Contact Person)				
Chatterbox Multi Med	dia, LLC				
	(Firm/Company)				
203 Sand Dollar Rd					
	(Address)				
Indialantic, FL 32903					
	(City, State and Zip Code)				
kim@chatterboxmult	imedia.com				
E-mail Address: (to	be used for future annual re	port not	ifications)		
For further informa	tion concerning this ma	tter. pl	ease call:		
Kim Boyd		at (S)37	903-3	8891
(Name of Con	tact Person)			(Day	time Telephone Number)
	for the following amount a bank located in the			ocess	ed 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		80.00 Filing F Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Ade New Filing Division of P.O. Box 63	Section Corporations		î I	New F Divisi	Address: Ciling Section on of Corporations entre of Tallahassee

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.

. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Chatterbox Multi Media, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
October 24, 2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Chatterbox Multi Media, LLC
(Enter Name of Florida Limited Liability Company)
November 9, 2020 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 he 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.
. 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 <u>9</u>	day of November		20 <u>20</u>
				d Liability Company:
Signatu	re of Author	ized Representative:	Kim B	Title: President, Owner
Printed	Name: Kim Bo	oyd		Title: President, Owner
			<u>s enury:</u> 13	ee below for required signature(s)]
Signatur	re: <u>Kan</u>	n Boyol		
Printed	Name: IKim b	Boyd I		Title: President
Signatur	re: 🐰 🗘	to Barl		Title: Mark 57
Printed	Name: 50	10TH BOYD		Title: Musika
Signatur Printed	re: Name:			Title:
···········				
Signatur	ге:		··	Title:
Printed	Name:			Title:
Signatu	re:			
Printed	Name:			Title:
Signatur Printed	re: Name:			Title:
	da Corporat			per
		nn, Vice Chairman, Di ers have not been selec		
II Diiçe	iors or Office	is have not occur selec	ctea, an med	rportitor must sign.
		artnership or Limit	<u>ed Liability</u>	Partnership:
Signatu	re of one Gen	eral Partner.		
If Flori	da Limited F	Partnership or Limite	ed Liability	Limited Partnership:
		eneral Partners.		
All othe Signatur		orized person.		
o ignata.	ic of all addition	mized person.		
Fees:				
	Articles of C	onversion:		\$25.00
		ida Articles of Orgar		\$125.00
	Certified Cop			\$30.00 (Optional)
	Certificate of	t Status:		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
Chatterbox Multi Media, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Trincipal Office Address.	Maning Address.
203 Sand Dollar Rd	203 Sand Dollar Rd
Indialantic, FL 32903	Indialantic, FL 32903
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the Kim Boyd	registered agent are:
Nam	e
203 Sand Dollar Rd	
Florida street address (P.C	D. Box NOT acceptable)
Indialantic	FL ³²⁹⁰³
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	
Registered Agent's Sig	Hatture (NEQUINED)

(CONTINUED)

ARTICLE IV-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Kim Boyd
WOIL	203 Sand Dollar Rd
	Indialantic, FL 32903
AMBR	Scott Boyd
	203 Sand Dollar Rd
	Indialantic, FL 32903
Use attachment if necessary)	Ç
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ament to the Department of State constitutes a third degree features.
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Kim Boyd	e with section 605,0203 (1) (b). Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Kim Boyd	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware ament to the Department of State constitutes a third degree fewer of printed name of signee Filing Fees