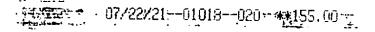
L2100356188

| (Re | questor's Name) | |
|-------------------------|-------------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #i |
| (0.1 | jroute. <u>a.</u> p nom | , |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| <u>(Do</u> | cument Number) | |
| (20 | ournell rulinger, | |
| | . | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| 1 | | |
| | | |
| | | J |
| 1 | | |
| | | |
| <u> </u> | | |





800370012708











COVER LETTER

| • TO: New Filing Section Division of Corporations | |
|--|--|
| SUBJECT: Swishing Media (Name of Resulti | Marketing the |
| (Name of Resulti | ing Florida Limited Company) |
| | of Organization, and fees are submitted to convert an "Other ility Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning th | his matter to: |
| Kelly Lamano (Contact Person) | |
| SUNShine Media Marke | ting, Inc. |
| 3956 Town (enter Blvd. S | Suite 582 |
| Orlando, FL 32837 (City, State and Zip Code) | |
| SUNShirte medicincon Carle Firt Gincon E-mail Address: (to be used for future annual report | t notifications) |
| For further information concerning this matter | r, please call: |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: dollars and drawn on a bank located in the United States and drawn on th | |
| | □S180.00 Filing Fees □S185.00 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 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: SWISHING MEDIC MONCETING, INC. |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws ofFlorido |
| on 9/25/2018 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Sunshine Media Marketing, 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. |

| Signed this 16 day of July | _ 202\ | |
|---|---|----------|
| Signature of Authorized Representative of Limi | ted Liability Company: | |
| Signature of Authorized Representative: <u>Leet</u> Printed Name: <u>Kelly Lamano</u> | Title: MGR | - |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | |
| Signature: Kell; In Printed Name: Kelly Lamano | | _ |
| Printed Name: KAIY Lamano | Title: <u>PVTS</u> | - |
| Signature: Printed Name: | | _ |
| Printed Name: | Title: | - |
| Signature: Printed Name: | | - |
| Printed Name: | Title: | - |
| Signature:Printed Name: | | _ |
| Printed Name: | Title: | - |
| Signature: Printed Name: | | - |
| Printed Name: | Title: | _ |
| Signature:Printed Name: | | _ |
| Printed Name: | Fitte: | _ |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc. | | |
| | , . | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: | |
| If Desire I in the A.D. was a selice of the in- | out instant Down making | |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | |
| All others: | | |
| Signature of an authorized person. | | |
| Fees: | | V29 |
| Articles of Conversion: | \$25.00 | -1 |
| Fees for Florida Articles of Organization: | \$125.00 | <u>;</u> |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) | 13 |
| Certificate of Status. | 52.50 (Optional) | |
| | | |
| | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| Sunshine Media Ma (Must contain the words "Limited Liability | Company, "L.L.C.," or "L.L.C.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3956 Town Center Blvd. Suite 582 Orlando, Fl 32337 | 3956 Torm Center Blvd. Suite 582 Orlando FL 32837 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re- | gistered agent are: |
| Kelly Lamana | |
| 3956 Town Center 1 Florida street address (P.O. | Blvd. Swite 582 Box <u>NOT</u> acceptable) |
| <u>OMando</u> City | FL 32837 Zip |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p | accept service of process for the above stated limited this certificate. I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S |
| Kella James | ·⁄少 |
| Registered Agent's Signa | nture (REQUIRED) |

(CONTINUED)

ARTICLE IV-

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

| Little: | |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager MGa K | Kellu Lamano |
| | 3956 Town Certer Blvd Suite 58 |
| | Onando FL 32837 |
| | 07100.000, 12 3203 (|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| | |
| (Use attachment if necessary) LE V: Other provisions, if any. | |
| | |
| | |
| | |
| | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Kelly Lame | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Kelly Lum Signature of a member or | r an authorized representative of a member |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Helly Lower Signature of a member of This document is executed in accordance. | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: Helly Lower Signature of a member of This document is executed in accordance. | r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware th |
| REQUIRED SIGNATURE: **Lelly Lamber of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware thument to the Department of State constitutes a third degree felo |
| REQUIRED SIGNATURE: **Lelly Lamber of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware th |