L21000411328

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

Office Use Only



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2021 SEP 20 PM 12: 11.

COVER LETTER

Division of C	orporations			
SUBJECT: L.T.Y.S. F	PRODUCTIONS, LLC			
30bJLC1	(Name of Res	sulting Florida Lim	ited Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Anthony Morales				
- -	(Contact Person)			
MyUSACorporation.co	m			
	(Firm/Company)			
1 Radisson Plaza, Suit	e 800			
	(Address)		_	
New Rochelle, NY 108	01			
	City, State and Zip Code)	-	_	
info@myusacorporatio	n.com			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Anthony Morales		_at (<u>877</u>	3302	677
(Name of Conta	ct Person)	(Area Code	e) (Day	ytime Telephone Number)
	or the following amou a bank located in the		proces:	sed 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 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				t Address:
New Filing Solivision of C				Filing Section ion of Corporations
P.O. Box 632	=		The C	Centre of Tallahassee
Tallahassee, I	FL 32314		2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: New Filing Section

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: I.T.Y.S. PRODUCTIONS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a [LLC] (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
5/16/2000
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:
I.T.Y.S. PRODUCTIONS, 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.) 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 16th day of August	
Signature of Authorized Representative of Limit	∬ ted Liability Company:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VIX
Signature of Authorized Representative:	<u> </u>
Printed Name: JAMES ROMANIELLO	Title: Member
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: CAN	
Printed Name: JAMES ROMANIELLO	Title: Member
Signature:	
Printed Name:	Title:
n	
Signature:	Title
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	a
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.	
NAME OF THE PERSON AS A SECOND OF THE PERSON AS TAXABLE PARTY.	an I Imiand Dominoushins
If Florida Limited Partnership or Limited Liabili	ty Limited Partnersing:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
2. <u>6.</u>	
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: Limited Liability Company	is:	
I.T.Y.S. PRODUCT			
(N	fust contain the words "Limited Lish	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
25235 ROLLING O	AK ROAD	25235 ROLLING OAK ROAI	D
SORRENTO, FL 3		SORRENTO, FL 32776	
•	active Florida registration.) Florida street address of the JAMES ROMANIELLO No	ne registered agent are:	2021 SEP 20
25235 ROLLING OAK RO		AD	P 2
	Florida street address (I	P.O. Box NOT acceptable)	
	SORRENTO	FL 32776	
	City	Zip	HISTAR TISTAR TISTAR
liability com registered agen statutes relati	upany at the place designate it and agree to act in this ca ing to the proper and comple ibligations of my position as	ed to accept service of process for d in this certificate, I hereby acceptacity. I further agree to comply the performance of my duties, and registered agent as provided for Signature (REQUIRED)	or the above stated limited tept the appointment as by with the provisions of all and I am familiar with and

(CONTINUED)

A	RT	ICI	LE	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title; "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	JAMES ROMANIELLO 25235 ROLLING OAK ROAD		
	SORRENTO, FL, 32776		
			
			
(Use attachment if necessary)			
(Ose academical it necessary)			
CLE V: Other provisions, if any.			
CLE V. Oulci provisions, if any.			
			
REQUIRED SIGNATURE:			
RECORED SIGNATURE.			
Ahr. 1/1			
Signature of a member or	an authorized representative of a member		
I has document as executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo		
as provided for in s.817.155, F.S.	went write recharation of page communes a mind delige term		
- grantage and an area record a sec			
JAMES ROMANIELLO			

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)