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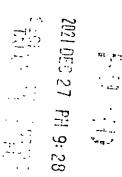
(Re	equestor's Name)	
(Ac	ddress)	 .
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e: #)
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	 -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700378302997

12. 27. 21--017 H--07, ++150.00



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: INGENUITY FILMS LLC	
(Name of	Resulting Florida Limited Company)
	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:
Processing Department	
(Contact Person) MyCorporation	
(Firm/Company)	
26025 Mureau Road Suite 120	
(Address) Calabasas, CA 91302	
(City, State and Zip Cod)
E-mail Address: (to be used for future annua	report notifications)
For further information concerning this r	naiter, please call:
Processing Department	at (877) 692-6772 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in th	ount: (All checks processed by this office must be payable in US e United States)
□ \$150.00 Filing Fees \$25 for Conversion	□\$180.00 Filing Fees and Certified Copy 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 / P

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: Ingenuity Films 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)
07/14/2014 on
(date of organization, formation or incorporation)
Ingenuity Films 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.
202 ?::

m21600001722

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ame:						
Limited Liability Company	y is:					
.c						
Must contain the words "Limited Li	ability Company, "L.	L.C.," or "LLC.	``)			
Address: ress and street address of th	ne principal offic	e of the Lin	nited Liabilit	y Company is:		
Principal Office Address:		Mailing Address:				
Ct .	2832 S As	ciano Ct				
ch, FL 32168	New Smyr	na Beach, Fl	32168			
						
Company cannot serve as its own F an active Florida registration.)	Registered Agent, You	i must designate	an individual or	r another		
e Horida street address or t	me registered ag	ciii aic.				
PATRICIA FLANDERS			_			
N	ame					
413 PURSLEY DR			_			
TIOTORICELION						
Florida street address (P.O. Box NOT	acceptable)				
		acceptable) 724				
Florida street address (32	•	-			
	Must contain the words "Limited Li Address: ress and street address of the Address: ct ch, FL 32168 Registered Agent, Regist Company cannot serve as its own I an active Florida registration.) e Florida street address of the PATRICIA FLANDERS	Address: ress and street address of the principal office Address: Mailing A 2832 S As ch, FL 32168 Registered Agent, Registered Office, & F Company cannot serve as its own Registered Agent. You an active Florida registration.) e Florida street address of the registered age PATRICIA FLANDERS Name	Must contain the words "Limited Liability Company, "L.L.C.," or "LLC. Address: ress and street address of the principal office of the Line Address: Mailing Address: 2832 S Asciano Ct Ch, FL 32168 Registered Agent, Registered Office, & Registered Company cannot serve as its own Registered Agent. You must designate an active Florida registration.) e Florida street address of the registered agent are: PATRICIA FLANDERS Name	Address: ress and street address of the principal office of the Limited Liabilit Address: Mailing Address: 2832 S Asciano Ct Ch, FL 32168 Registered Agent, Registered Office, & Registered Agent's Sign Company cannot serve as its own Registered Agent. You must designate an individual of an active Florida registration.) e Florida street address of the registered agent are: PATRICIA FLANDERS Name		

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	Brent Miller			
AMBR	2832 S Asciano Ct			
	New Smyrna Beach, FL 32168			
AMBR	PATRICIA FLANDERS			
	413 PURSLEY DR			
	DELAND, FL 32724			
AMBR	FREDERICK PORTER			
	601 JASMINE PARKE DR #2			
	BAKERSFIELD, CA 93312			
AMBR	CATHERINE MILLER		_	
	2832 S Asciano Ct New Smyrna Beach, FL 32168		_	
	New Sillyilla Beach, 1 E 32 100			
(Use attachment if necessary)				
		93	20	
ARTICLE V: Other provisions, if any.		물질	21 [
ARTICLE V. Other provisions, if any.		三字:	2021 DEC	
		7.5%	2	
			==:	
<u>REQUIRED</u> SIGNATURE:		-=:	ب	
			28	
*				

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.

Brent Miller, Member

Typed or printed name of signee

Filing Fees

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

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: POWER	GAINS LLC				
	(Name of Re	sulting Florida Lin	iited Co	mpany)	
				nd fees are submitted to conver accordance with s. 605.1045, F.	
Please return all corr	espondence concernin	g this matter to			
Wesley M. Robinson,	Esq.				
	(Contact Person)		_		
Robinson Law Firm					
	(Firm/Company)				
260 Cranwood Drive					
	(Address)		_		
Key Biscayne, FL 331	49				
	City, State and Zip Code)		_		
wrobinson@wmrlawfira					
	e used for future annual re	port notifications)	_		
For further information	on concerning this ma	tter, please call			
Wesley M. Robinson		_at (<u>305</u>	377-	3352	
(Name of Conta	ct Person)	(Area Cod	:) (Da	ytime Telephone Number)	
	or the following amou a bank located in the		proces	sed by this office must be paya	ble in US
(\$25 for Conversion & \$125 for Articles of Organization)	□\$155,00 Filing Fees and Certificate of Status	□\$180,00 Filin and Certified Ce	-	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Addi	ress:		Stree	t Address:	
New Filing Section			New Filing Section		
Division of Co	•			ion of Corporations Jentre of Tallahassee	
P.O. Box 632	1		THE	Activity of Tarranassey	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314