

(Red	questor's Name)	
(Ade	dress)	
(		
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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N

T. SCOTT FEB 0 9 2022



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## **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	ECT: RED GL	ASS MEDIA LLC			
		(Name of Re	sulting Florida Lin	nited Con	mpany)
The e	nclosed Article ess Entity" into	s of Conversion, Artic o a "Florida Limited L	eles of Organiza iability Compar	tion, ar 1y" in a	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please	return all corr	espondence concerning	g this matter to:	•	
ROBE	RT S. BODNER				
		(Contact Person)		_	
BREAL	DIFY FINANCIAL	LUC			
		(Firm/Company)		_	
190 BA	SSWOOD LAN	<b>E</b>			
		(Address)		_	
MORE	LAND HILLS, OI	H 44022			
	((	City, State and Zip Code)		-	
BOBBY	@BREADIFY.C	ЮМ			
E-17	mil Address: (to b	e used for fixture annual re	port notifications)	-	
For fu	rther informati	on concerning this ma	tter, please call:		
ROBE	RT S. BODNER		_a1 ( <sup>216</sup>	)272-7	100
	(Name of Conta	ct Person)	(Area Code	(Day	time Telephone Number)
Enclos dollars	ed is a check f and drawn on	or the following amou a bank located in the	int: (All checks   United States)	process	sed by this office must be payable in US
(\$25 fbs & \$125	0.00 Filing Fees Conversion for Articles nization)	☐\$155.00 Filing Fees and Certificate of Status	(1)\$180.00 Filing and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Adda New Filing Sc Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS11 (7/17)

## 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 RED GLASS MEDIA LLC	r to the filing of the Articles of Conversion is:
(Enter Name of Other Business Enti	ry)
The "Other Business Entity" is a LIMITED LIABILITY COMPA  (Enter entity type. Example: corporation, limited partners)	NY (LLC)
First organized, formed or incorporated under the laws of(Enter	IFORNIA
(Enter s	tate, or if a non-U.S. entity, the name of the country)
03/16/2020 on	
on	
3. The name of the Florida Limited Liability Company as set	forth in the attached Articles of Organization:
RED GLASS MEDIA LLC	
(Enter Name of Florida Limited Liability Co	прапу)
4. If not effective on the date of filing, enter the effective date	01/01/2022
(The effective date: Cannot be prior to date of receipt or fi	led date nor more than 90 calendar days after
the date this document is filed by the Florida Department	
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance w	ith all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay a which such members are entitled under ss. 605.1006 and 605.	

	Signed this 17	day of DECEMBER	2021
	Signature of Aut	horized Representative of Li	mited Liability Company;
x	Signature of Auth	orized Representative:	ack Dalelia
••	Printed Name: JACI	K DELULIÓ	Title: MANAGING MEMBER
	Signature(s) on be	chalf of Other Business Entity	[ [See below for required signature(s)]
X	Signature:	Oach Dalui	
_	Printed Name: JACI	K DELULIO	Title: MANAGING MEMBER
	Signature:		
	Printed Name:		Title:
	Signature:	· · · · · · · · · · · · · · · · · · ·	Title
		· · · · · · · · · · · · · · · · · · ·	Title:
	Signature:	<del></del>	
	Printed Name:		Title:
	Signature:		
	Printed Name:		Title:
	Cionetura		
	Printed Name:		Title:
	If Florida Corpor	ation:	
		nan, Vice Chairman, Director, ocers have not been selected, an	
	Directors or Office	cers mave not been sciented, an	neorporator inust sign.
	If Florida General Signature of one Ge	Partnership or Limited Liab meral Partner.	lity Partnership:
	If Florida Limited Signatures of ALL	Partnership or Limited Liab General Partners.	lity Limited Partnership:
	All others: Signature of an auti	norized person.	
	Fees:		
			\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	Liability Company	is:	
RED GLASS MEDIA LLC			
(Must conte	in the words "Limited Lis	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address	•		
The mailing address and	street address of the	principal office of the Limited Liability Com	pany is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
1837 W BAY VILLA AVE		4837 W BAY VILLA AVE	
ARTICLE III - Register	connot serve as its own R	TAMPA, FL 33811  red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another	<b>:</b>
ARTICLE III - Register The Limited Liability Company business entity with an active Flu	commot serve as its own R orida registration.)	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another	<u>:</u>
ARTICLE III - Register The Limited Liability Company business entity with an active Florida The name and the Florida	commot serve as its own R orida registration.)	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another	:
The Limited Liability Company business entity with an active Florida	cannot serve as its own R orida registration.) a street address of the DELULIO	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another	:
ARTICLE III - Register The Limited Liability Company business entity with an active Fla The name and the Florida  JACK	cannot serve as its own R orida registration.) a street address of the DELULIO	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another e registered agent are:	:
ARTICLE III - Register The Limited Liability Company business entity with an active Florida  JACK  4837 N	cannot serve as its own Rorida registration.)  a street address of the DELULIO  No.	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another e registered agent are:	:
ARTICLE III - Register The Limited Liability Company business entity with an active Florida  JACK  4837 N	cannot serve as its own R orida registration.)  a street address of the DELULIO  No WBAY VILLA AVE ida street address (F	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another e registered agent are:	:
ARTICLE III - Register The Limited Liability Company business entity with an active Florida  JACK  4837 V	cannot serve as its own R orida registration.)  a street address of the DELULIO  No WBAY VILLA AVE ida street address (F	red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another e registered agent are:  me  O. Box NOT acceptable)	:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u> </u>	Name and Address:
'MGR" = Manager	
WGR	JACK DELULIO
	4637 W BAY VILLA AVE
	TAMPA, FL 33811
<del></del>	
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
Use attachment if necessary)	
Use attachment if necessary)  LE V: Other provisions, if any.	
•	
EV: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	n. 1 1:
EV: Other provisions, if any.	Dalulia
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Pack 2	
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware
E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware
EV: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document of the state of the st	
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.  JACK DELULIO	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware

ARTICLE IV-



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: RED GLASS MEDIA LLC

 File Number:
 202008710822

 Registration Date:
 03/16/2020

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 16, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 17, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YJKBD4R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.