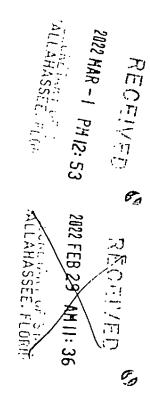
L220000 85134

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

Office Use Only



300381356843



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/28/2022		⇔WALK IN**
ENTITY NAME B.I.H.	STUDIOS LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	/
	Plain Copy	
XXXXXX	Certified Copy Certificate of Status	
7	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE	ENTITY
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	N
COUNTRY OF DESTINAT NUMBER OF CERTIFICA		
TOTAL OWED \$180		120160000072
Please call Tina at t	he above number for any issues or concerns.	

COVER LETTER

TO:	New Filing Se Division of Co				
SHR	JECT: B.I.H. ST	JDIOS LLC			<u></u>
зов	JEC1	(Name of Resu	ılting Florida Limite	d Com	рапу)
The o	enclosed Articles ness Entity" into	of Conversion, Article a "Florida Limited Lia	es of Organization	on, and	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	se return all corre	spondence concerning	this matter to:		
STE	PHANIE POLLENZ	2			
		(Contact Person)			
B.I.F	I. STUDIOS LLC				
		(Firm/Company)			
401	SO COUNTY ROA	AD #2313			
		(Address)			
PAL	M BEACH, FL 334	80			
	((City, State and Zip Code)			
_	bihstudlos.com				
E	-mail Address: (to b	e used for future annual re	port notifications)		
For	further information	on concerning this ma	tter, please call:		
STE	PHANIE POLLEN	Z	_at (<u>646</u>	670-	6749
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)
Enc doll	losed is a check f ars and drawn on	or the following amou a bank located in the	nt: (All checks p United States)	roces	sed by this office must be payable in US
(\$25 & \$1	150.00 Filing Fees for Conversion (25 for Articles rganization)	\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis The 0 2415	Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
on O1/01/2004 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
B.I.H. STUDIOS 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 28 day of Jebruary	_20 <u>_22</u>
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: STEPHANIE POLLENZ	Title: MGR
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)
Signature: Printed Name: Stephane Pollenz	_ Title: _ MGR
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
B.I.H. STUDIOS LLC	
(Must contain the words "Limited Liability	Company, "L.IC.," or "I.I.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:
401 SO, COUNTY ROAD #2312	401 SO, COUNTY ROAD #2313
PALM BEACH, FLORIDA 33480	PALM BEACH, FLORIDA 33480
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 registration.	red Agent. You must designate an individual or another
STEPHANIE POLLENZ	
Name	
2730 SO OCEAN BLVD #734	
Florida street address (P.O.	Box NOT acceptable)
	33480
PALM BEACH	<u> </u>
City	Zip
liability company at the place designated in	accept service of process for the above stated limite this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of

limited nt as ns 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)

P:41	Name and Address:
<u>Citle:</u> "AMBR" = Authorized Member	
MGR" = Manager	
"MGR"	STEPHANIE POLLENZ
	2730 SO OCEAN BLVD #734
	PALM BEACH, FL 33480
	
(Use attachment if necessary)	
(Use attachment if necessary)	
and the second s	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	or an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member	ance with section 6(15 1)2(1) (()) [D). PIOTICE DISLUCES, I sill await
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a d	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am award locument to the Department of State constitutes a third degree f
REQUIRED SIGNATURE: Signature of a member	ance with section 6(15 1)2(1) ()) [D). PIOTICE DISLUCES, I SIII AWAI (
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a d	ance with section 6(15 1)2(1) ()) [D). PIOTICE DISLUCES, I SIII AWAI (

ARTICLE IV-