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(Ci	ty/State/Zip/Phone	#)
☐ PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
,		<del>,</del>
Special Instructions to	Filing Officer:	





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" 2/2/22

# Sunshine State Corporate Compliance Company

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

DATE 03/01/2022			₩WALK IN₩
ENTITY NAME Score E	ntertainment, LLC		
DOCUMENT NUMBER_			<del></del>
	**PLEASE FILE THE	FATTACHED AND RETURN**	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
**/ 	PLEASE OBTAIN THE FO Certified Copy of Arts Certificate of Good Stan		
		OTARIAL CERTIFICATION**	
COUNTRY OF DESTINAT NUMBER OF CERTIFICA	<del></del>		
TOTAL OWED \$150		ACCOUNT #: 120160000	072
	<del></del>	S R FM	
Please call Tina at th	he above number for a	any issues or concerns. Thank you	so much!

#### Articles of Conversion

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

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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.

	(Enter Name of Other Business Entity)
2. The "C	Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organ	nized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
on 10/8/20	
(date of	organization, formation or incorporation)
3. The nai	me of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Score Entert	ainment, LLC
	(Enter Name of Florida Limited Liability Company)
4. If not et	ffective on the date of filing, enter the effective date:
(The effect	tive date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after his document is filed by the Florida Department of State.)
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
5. The plan	of conversion has been approved in accordance with all applicable statutes.
	everted 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 14th day of December	20_21
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Penrecentative	
Signature of Authorized Representative: Printed Name: Luis Rodriguez	Title: Member
	<u> </u>
Signature(s) on behalf of Other-Business Entity:	[See below for required signature(s)]
Signature: Printed Name Luis Rodriguez	
Printed Name 1 de Rodriguez	Title: Member
Signature	
Signature: Printed Name:	Title:
Timed (vane.	11uc
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title
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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 Liabil	ity Partnership;
Signature of one General Partner.	
Town in the term of the Translation (1981)	to I imited Doutnerships
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership.
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Digitation of all authorized person.	
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)
CALITAGE OF CHIES.	The state of the s

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Score Entertainn				
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II The mailing ac		the principal office of the Limited I	Liability Company	is:
Principal Off	ice Address;	Mailing Address:		
1221 Brickell Av	ve., Suite 900	1221 Brickell Ave., Suite 900		
Miami, FL 3313	1	—	<del></del>	
ARTICLE III (The Limited Liabi	I - Registered Agent, Regi	Miami, FL 33131  stered Office, & Registered Agent n Registered Agent. You must designate an indu	's Signature:	
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regi	stered Office, & Registered Agent in Registered Agent. You must designate an indi	's Signature: vidual or another	
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regility Company cannot serve as its ow than active Florida registration.) the Florida street address of	stered Office, & Registered Agent n Registered Agent. You must designate an inde	vidual or another	
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regility Company cannot serve as its owth an active Florida registration.)	stered Office, & Registered Agent n Registered Agent. You must designate an inde	vidual or another	6.28 
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regility Company cannot serve as its ow than active Florida registration.) the Florida street address of	stered Office, & Registered Agent in Registered Agent. You must designate an indi of the registered agent are: ins, Inc. Name	vidual or another	
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regility Company cannot serve as its owth an active Florida registration.)  the Florida street address of Registered Agent Solution  155 Office Plaza Dr., Sui	stered Office, & Registered Agent in Registered Agent. You must designate an indi of the registered agent are: ins, Inc. Name	vidual or another	
ARTICLE III (The Limited Liabi business entity wi	I - Registered Agent, Regility Company cannot serve as its owth an active Florida registration.)  the Florida street address of Registered Agent Solution  155 Office Plaza Dr., Sui	stered Office, & Registered Agent in Registered Agent. You must designate an indi of the registered agent are: ins, Inc. Name	vidual or another	Ü

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.

Matthew Knee, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR	Luis Rodriguez  1221 Brickell Ave., Suite 900	
	Miami, FL 33131	
		2622
		<del></del>
(Use attachment if necessary)	; ;	PHI2: 20
ICLE V: Other provisions, if any.		. m .

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.

Luis Rodriguez, Authorized Representative

Typed or printed name of signee

## Filing Fees

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