

(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:
WQ2000035154

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2022

RICHARD H GAINES, ESQ 5531 N UNIVERSITY DR STE 103 CORAL SPRINGS, FL 33067

SUBJECT: ZIGS MEDIA, LLC Ref. Number: W22000035154

We have received your document for ZIGS MEDIA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 822A00006389

Karen Lovelace Regulatory Specialist II

COVER LETTER

TO:	New Filing ! Division of G	Section Corporations				
SUBJ	ECT: ZIGS M	EDIA, LLC				
COL			sulting Florida L	imited Co	mpany)	
					nd fees are submitted to convert an "Caccordance with s. 605.1045, F.S.	Other
Please	return all cor	respondence concernir	ng this matter t	0:		
Richar	d H. Gaines, Es	sq.				
		(Contact Person)				
The G	aines Law Firm.	. P.A.				
		(Firm/Company)				
5531 N	I. University Dri	ve, Suite 103				
		(Address)				
Coral S	Springs, FL 330	67				
	(City, State and Zip Code)				
richard	@gaineslawfl.c	om				
E-m	ail Address: (to b	oe used for future annual re	port notification:	s)		
For fur	ther informati	on concerning this ma	tter, please ca	H:		
Richard	I H. Gaines		at (⁹⁵⁴	603-	8801	
	(Name of Conta	ect Person)		de) (Day	vtime Telephone Number)	
		for the following amou a bank located in the		•	sed by this office must be payable in	US
(\$25 for	.00 Filing Fees Conversion for Articles ization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Fil and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add: New Filing So Division of C P.O. Box 632 Tallahassee, 1	ection orporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810— massee, FL 32303	abook no

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

Statues.	
1. The name of the "Other Business Entity" immediately prior to the filing of th ZIGS MEDIA, INC.	e Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership	p, common law or business trust, etc.
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. e	
August 25, 2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attach	ed Articles of Organization:
ZIGS MEDIA, 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 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 document's effective date on the Department of State's records.	than 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable st	atutes.
 The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S. 	
	2.22 A.23 -4 P.

Signed t	nis <u>25 </u>	f` <u>February</u>	20 <u></u>
<u>Signatu</u>	re of Authorized Ro	presentative of Lin	eted Liability Company:
	of Authorized Rep		Crail # 1
Printed N	lame: Richard H. Gain	es, Esq.	Title: Attorney
Signatur			[See below for required signature(s)]
Signature		24	
Printed N	ame: Richard H. Gain	es	Title: Secretary
Signature	:		
Printed N	ame:		Title:
Signature			
Printed N	ame:		Title:
C'			
Signature Printed N	: ame [,]		Title:
Signature	:		Title:
Printed N	ame:		/ file:
Signature	:		Title:
Printed N	ame:		Title:
If Florida	Corporation:		
		Chairman, Director, or	
II Directo	rs or Officers have n	ot been selected, an II	ncorporator must sign.
		<u>ip or Limited Liabil</u>	ity Partnership:
Signature	of one General Partr	er.	
If Florida	Limited Partnersh	ip or Limited Liabil	ity Limited Partnership:
	s of <u>ALL</u> General Pa		
All others			
Signature	of an authorized pers	son.	
Fees:			
Λι	ticles of Conversion	1:	\$25.00
	es for Florida Artic	les of Organization:	\$125.00
	ertified Copy: ertificate of Status:		\$30.00 (Optional) \$5.00 (Optional)
C	runcate of Status:		φυίου (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZIGS MEDIA. LLC	
(Must contain the words "Limi	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company
The maning address and sirect address	
The maning address and street address	and prove provides and a second secon
Principal Office Address:	Mailing Address:
<u> </u>	
Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

Richard H. Gaines, Esq., The	Gaines Law Firm, P.A.
Name	e
5531 N. University Drive, Suite	
Florida street address (P.O	Box NOT acceptable)
Coral Springs	FL 33067
City	Zip

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)

4	D'	L. I	<i>(</i> ' '	l F	W

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

"AMRD" = Anthonizard Manchae	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1010101010100
MGR	IGNS HOLDINGS, LLC
	900 E. INDIANTOWN ROAD. SUITE 300
	JUPITER, FL 33477
•	
(Use attachment if necessary) LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	0 . 21
Signature of a member or : This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award ment to the Department of State constitutes a third degree f

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)