12200029 1193

(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

T. SCOTT JUN 2 9 2022



400389430034

68.14.20 H61020 H896 **170.06

CASLI AND/OR VIDEO
FRANCHISING
BIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUNITY AM 8: 5%



COVER LETTER

то:	New Filing S Division of C				
SHRI	IFCT: MYP IN\	/ESTMENTS. LLC			
3011			sulting Florida Limi	ted Con	mpany)
					id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
FRED	ERIC M. BARTH	łE, ESQ.			
		(Contact Person)		-	
FRED	ERIC BARTHE	PA			
		(Firm/Company)		-	
17 SE	24TH AVE. SEC	COND FLOOR			
		(Address)	-	-	
POME	PANO BEACH, F	L 33062			
	((City, State and Zip Code)		-	
FBAR	THELAW@GMA	IL.COM			
E-n	nail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call:		
FRED	ERIC BARTHE		_at (785-2	2800
•	(Name of Conta	ect Person)	(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles unization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add				t Address:
	New Filing Se				Filing Section
	Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee
	Tallahassee, I				N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: MYP INVESTMENTS, LLC
(Enter Name of Other Business Entity)
2. The "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 organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
AUGUST 14, 2012
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MYP INVESTMENTS, 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 Rusiness 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.

CABLE AND/GR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE FI ORDING

Signed this 13 day of JUNE	20_2.2
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	Title: AUTHORIZED AGENT
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name: FREDERIC M BARTHE, ESQ.	Title: AUTHORIZED AGENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title;
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Ir	
V. C	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	uty Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
MYP INVESTMENTS, LLC		
	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4000 HOLLYWOOD BLVD	4000 HOLLYWOOD BLVD)
STE 285-S	STE 285-S	
HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021	
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of the same and the sam	Registered Agent. You must designate an	
The name and the Frontia street address of t	ine registered agent are.	
FREDERIC BARTHE PA		
N	lame	
17 SE 24TH AVE. 2ND FU	OOR	
	P.O. Box NOT acceptable)	
POMPANO BEACH	FL ³³⁰⁶²	
City	Zip	
	ed in this certificate. I hereby ac apacity. I further agree to comp lete performance of my duties, a	cept the appointment as ly with the provisions of a nd I am familiar with and

		ren	_	•		
.1	IJ	1	C			
~ ~	13		• .	 	•	_

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

"A MARRY — A uthorizad Massica	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ANNE EITOLIOOI
MGR	ANNE FITOUSSI
	400 HOLLYWOOD BLVD. STE 285-S
	HOLLYWOOD FL 33021
	
	
(11	
LLICA STISCHMIANT II NACACCARU)	
(Use attachment if necessary)	
(Use attachment it necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
• •	
• •	
•	
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 SIGNATURÉ:	
REQUIRED SIGNATURÉ: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance	

Typed or printed name of signee

Filing Fees

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