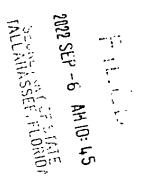


(Re	equestor's Name)	
()	,	
(Ac	idress)	
(Ac	ldress)	
(C)	to JONA - IZ of IDL	<u></u>
(CI	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	-
Certified Copies	Certificates r	of Status
Special Instructions to	Filing Officer:	
·	-	
	Office Use Only	· · · · · · · · · · · · · · · · · · ·



09/06/22--01042--022 **150.00



COVER LETTER

TO:	New Filing S Division of C					
SUBJ	ECT: Reel Pa	rty Charters LLC				
		(Name of Re	sulting Flo	orida Limit	ed Con	npany)
The e Busin	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	les of O iability (rganizatio Company	on, an " in a	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this m	atter to:		
Micha	el Kapes					
		(Contact Person)				
Reel F	Party Charters					
		(Firm/Company)				
2821 (GOLDEN POINC	CIANA PLACE				
	· · · · · · · · · · · · · · · · · · ·	(Address)				
SARA	SOTA, FL 34232	2				
	((City, State and Zip Code)				
mkape	s153@yahoo.co	om				
E-n	nail Address: (to b	e used for future annual re	port notifi	cations)		
For fu	rther informati	on concerning this ma	tter, plea	se call:		
Michae	el Kapes		_at (1	960-0	0144
_	(Name of Conta	act Person)			(Day	time Telephone Number)
		for the following amou a bank located in the			ocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		.00 Filing E tified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addi New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		ז ו ד	New F Divisi Γhe C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, 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.

REEL PARTY CHARTERS INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
08/03/2022 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Reel Party Charters 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 18th day of August	20 <u></u> 22	
Signature of Authorized Representative of Limi		
Signature of Authorized Representative:	my come	
Printed Name: Michael Kapes	Title: Manager	
	<u>.</u>	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	
NMJKMC		
Signature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_
Printed Name: Michael Kapes	Title: President	_
Signature: MwJkwC,		_
Printed Name: Michael Kapes	Title: Incorporator	_
Signature: Printed Name:		_
Printed Name:	Title:	
Signature:Printed Name:		S
Printed Name:	Title:	- 37 6 6
0.		
Signature:	m: t	
Printed Name:	Title:	
0.		MALLAMASSEL FLORIG
Signature: Printed Name:		- 925 6
Printed Name:	little:	- 5.
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an Inc		
- Provide of Chicago Mark Hot Both Bollotton, all Int	orporator mast sign.	
If Florida General Partnership or Limited Liabili	tv Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
<u>Fees:</u>		
Articles of Cresses	#25 AA	
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 Compa	any is:			
Reel Party Charters LLC				
	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	the principal office of the Limited Liability Compar			
Principal Office Address:	Mailing Address:			
2821 GOLDEN POINCIANA PLACE	2821 GOLDEN POINCIANA PLACE SARASOTA, FL 34232			
	SARASOTA, FL 34232			
ARTICLE III - Registered Agent, Regi				
ARTICLE III - Registered Agent, Regi The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	SARASOTA, FL 34232 istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another			
ARTICLE III - Registered Agent, Regi The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:			
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:			
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:			
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Michael Kapes 2821 GOLDEN POINC	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:			
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Michael Kapes 2821 GOLDEN POINC	SARASOTA, FL 34232 istered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Name IANA PLACE			

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)

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager	Mishael Kassa			
MGR	Michael Kapes 2821 GOLDEN POINCIANA PLACE SARASOTA, FL 34232			
				
				
	E F			
	P:			
	<u></u>			
(Use attachment if necessary)				
	0: 1			
CLE V: Other provisions, if any.				
DECLUDED CLOSS - TVD				
REQUIRED SIGNATURE:	\bigcap			
1/ // ^	. UK N. C			
01				
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the			
any false information submitted in a docur	ment to the Department of State constitutes a third degree felo			
as provided for in s.817.155, F.S.				
Mich	nael Kapes			

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)