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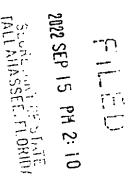
(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fi		2

Office Use Only



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07/29/22 01027-016 **150.00



COVER LETTER

Division of Corporations		
SUBJECT: CAYIL (Name of	Resulting Florida Limited Con	ictions. Inc LCC
The enclosed Articles of Conversion, As Business Entity" into a "Florida Limited	rticles of Organization, ar I Liability Company" in a	nd fees are submitted to convert an "Othe accordance with s. 605,1045, F.S.
Please return all correspondence concern	ning this matter to:	
Carrie Kelsey (Contact Person) Carrie Kelsey (Contact Person) (Firm/Company)	luctions, LLC	
6025 Reseate Spo	on bill Dr.	
Windermere, Fr. (City, State and Zip Cod	34786	
CMA Chulsty & Cyme E-mail Address: (to be used for future annua	ail com	
For further information concerning this	matter, please call:	
(Name of Contact Person)	at (352) (Area Code) (Day	o 82 9241 rtime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	nount: (All checks process the United States)	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing Fee and Certificate of Status	es	☐\$185,00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		t Address:
New Filing Section Division of Corporations		Filing Section ion of Corporations
P.O. Box 6327		Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity" Into

2022 SEP 15 AHT1: 09

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 <u>Carrie Julie Productions</u> , <u>UC</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 430/19 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Carrie Kelsen Production 5, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 7 15 22.
(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 day of	July 20 22.	
Signature of Authorized Represen	tative of Limited Liability Company:	
Signature of Authorized Representat Printed Name: <u>Cayrie Keise</u>	tive:	•
Signature(s) on behalf of Other Bus	siness Entity: See below for required signature(s)	
Signature: My	Title: Dwner Director	
Printed Name: Carric Russy	litle: Uwner Director	
Signature:Printed Name:	Title:	, -
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:		جم ح
Printed Name:	Title:	TALL S
Signature:		學一下
Printed Name:	Title:	5 P
If Florida Corporation: Signature of Chairman, Vice Chairman If Directors or Officers have not been	n. Director, or Officer. selected, an Incorporator must sign.	FILL SEP 15 PH 2: 11
If Florida General Partnership or L Signature of one General Partner.		
If Florida Limited Partnership or Li Signatures of <u>ALL</u> General Partners.	imited Liability Limited Partnership:	
All others: Signature of an authorized person.		
<u>Fees:</u>		

Articles of Conversion: \$25.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Orrie Kelsu Proc (Must contain the words "Limited Liability	ductions, LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Windermers, FC 34786	Same
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 registered agent are:

Carrie Kelsey

Name

6025 Reseate Spornbill Dr

Florida street address (P.O. Box NOT acceptable)

Winderwere FL 34766

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)

ARTICLE IV-

the state of the s

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 M GV2	Carrie Kelsen
	6025 Roseate Spoonsill Dr
	Windermere, FZ 34786
	
	
	
	
(Use attachment if necessary)	
• •	
• •	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	1 11.1
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	1 Vel
LE V: Other provisions, if any. REQUIRED SIGNATURE:	1 Web
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s,817,155, F.S.	iment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s,817,155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s,817,155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware tha

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