122000437190

(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



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08/91/23--01828--014 **150.0



COVER LETTER

TO: New Filing Section Division of Corporation	s	
SUBJECT: RIPMEDIA GROU		
•	Name of Limited Liab	ility Company
Dear Sir or Madam:		
The enclosed Articles of Domes	stication of a Non-U.S. Entity an	d fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the fo	llowing:
JOHN BOLAND		
Nar	ne of Person	_
JOHN BOLAND, ATTORNEY		
Fir	m/Company	_
2824 MCKENNA DRIVE		
	Address	_
NEW LENOX, IL 60451		
City/S	tate and Zip Code	_
attorneyjohnboland@gmail.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concern	ning this matter, please call:	
JOHN BOLAND	815 at (342-2641
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
New Filing Section		New Filing Section Division of Corporations
Division of Corporat P.O. Box 6327	ions	The Centre of Tallahassee
Tallahassee, FL 3231	4	2415 N. Monroe Street, Suite 810
i diministro, i is obse		Tallahassee, FL 32303
	Articles of Domestication:	\$25
	Articles of Organization: Total to Domesticate and file:	\$125 \$150
	LOTAL TO DODIC SHEAR AND BIC.	J1JV

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: RIPMEDIA GROUP LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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 07/20/2015 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : RIPMEDIA GROUP 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 th	is 4th	day of October	20
Signatur	e of Authoriz	ed Representative of L	imited Lighility Company:
Cimotura	of Authoriza	1 Danracantativa:	Trile: Member
Printed N	ame: Maury Ro	a Representative:	Title: Member
i imica i i	anic		
Signature	e(s) on behalf	of/Other Business Entit	v: [See below for required signature(s)]
·	1/1/10	m	
Signature	: TPDIC		Titl Mambas (Authorized Dorong
Printed N	ame: Maury Ro	gow	Title: Member / Authorized Person
Signature	-		
Printed N	ame:		Title:
	·		
Signature	:		
Printed N	ame:		Title:
Ci			
Drinted M			Title:
I IIIIICU IN	arric		Title.
Signature			
Printed N	ame:		Title:
Signature	;	<u></u>	Title:
Printed N	aine:		True:
If Florida	a Corporation		
		- Vice Chairman, Director	, or Officer.
			n Incorporator must sign.
		tnership or Limited Liz	ibility Partnership:
Signature	of one Genera	I Partner,	
If Floride	a Limited Par	tnership or Limited Lis	bility Limited Partnership:
	s of ALL Gen		mility immed i utilici smp.
~ · G	<u></u>		
All other			
Signature	of an authoriz	ed person.	
r			
Fees:			
A	rticles of Con	version:	\$25.00
		version. Articles of Organization	
	Certified Copy:	•	\$30.00 (Optional)
	Certificate of S		\$5.00 (Optional)

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: RIPMEDIA GROUP LLC		
(Name of R	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	icles of Organizati Liability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerni	ng this matter to:	
JOHN BOLAND		
(Contact Person)		
JOHN BOLAND, ATTORNEY		
(Firm/Company)	-	
2824 MCKENNA DRIVE		
(Address)		
NEW LENOX, IL 60451		
(City, State and Zip Code)	
attorneyjohnboland@gmail.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	natter, please call:	
John Boland	at (815) 342-2641 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amedollars and drawn on a bank located in the	ount: (All checks p e United States)	processed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	s S180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIPMEDIA GROUP LLC		
(Must conta	in the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and si	treet address of the princ	cipal office of the Limited Liability Company is
Principal Office Address	<u>:</u>	Mailing Address:
3131 NE 7TH AVE. #706, I	MIAMI, FL 33137	3131 NE 7TH AVE. #706, MIAMI, FL 33
ARTICLE III - Register	ed Agent, Registered C	Office, & Registered Agent's Signature:
(The Limited Liability Company	cannot serve as its own Reg	office, & Registered Agent's Signature: istered Agent. You must designate an individual or anothe
ARTICLE III - Registers (The Limited Liability Company business entity with an active F	cannot serve as its own Reg	office, & Registered Agent's Signature: istered Agent. You must designate an individual or anothe
(The Limited Liability Company	y cannot serve as its own Reg lorida registration.)	istered Agent. You must designate an individual or anothe
(The Limited Liability Company business entity with an active F	y cannot serve as its own Reg lorida registration.)	istered Agent. You must designate an individual or anothe
(The Limited Liability Company business entity with an active F	y cannot serve as its own Reg lorida registration.) street address of the reg MAURY ROGOW	istered Agent. You must designate an individual or anothe
(The Limited Liability Company business entity with an active F	y cannot serve as its own Reg lorida registration.) street address of the reg MAURY ROGOW	istered Agent. You must designate an individual or another istered agent are:
(The Limited Liability Company business entity with an active F	y cannot serve as its own Reg lorida registration.) street address of the reg MAURY ROGOW 3131 NE 7TH AVENU	istered Agent. You must designate an individual or another istered agent are:
(The Limited Liability Company business entity with an active F	y cannot serve as its own Reg lorida registration.) street address of the reg MAURY ROGOW 3131 NE 7TH AVENU	istered Agent. You must designate an individual or another istered agent are: Name IE #706

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)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MAURY ROGOW
·	3131 NE 7TH AVE, #706
	MIAMI, FL 33137
(Use attachment if necessary)	
**************************************	e date of filing: FILING DATE (OPTIONAL)
TICLE V: Effective date, if other than the	o date of filing (of flottital)
FICLE V: Effective date, if other than the in effective date is listed, the date must be after the date of filing.)	be specific and cannot be more than five business days prior to or 90 calend
on effective date is listed, the date must be safter the date of filing.) FICLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 calend
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on effective date is listed, the date must be after the date of filing.) FICLE VI: Other provisions, if any. / A.	pe specific and cannot be more than five business days prior to or 90 calend
DUIRED SIGNATURE: accordance with section 605.0205 (3), Florida Statt the facts stated herein are true. I am aware that	Signature of a member or an authorized representative atutes, the execution of this document constitutes an affirmation under the penalties of perjuit any false information submitted in a document to the Department of State constitutes a third pree felony as provided for in s.817.155, F.S.)

ARTICLE IV-

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)