

| (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 Y. SCOTT

OCT 2 4 2022



600396229686

800396229686 08/09/22--01026--012 +*180.00

L ILLE AHDZON TIDEO
FRANCHISHIS
DIVISION DE CORPORATIONS
FACILIANASSEE, FLORIDA

2022 OCT 18 PH 3: 10



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2022

AMANDA J. BEREN, DOCUMENT PROCESSOR 31416 AGOURA ROAD, #118 WESTLAKE VILLAGE, CA 91361

SUBJECT: LILAVOIS ENTERTAINMENT LLC

Ref. Number: W22000106536

We have received your document for LILAVOIS ENTERTAINMENT LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

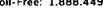
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 622A00018448



Toll-Free: 1.888.449.2638



1,805,449,2638

Email: info@CorpNet.com







August 6, 2022

RESUBMISSION

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: Lilavois Entertainment LLC

To whom it may concern:

The Enclosed Articles of Conversion and Fee(s) are submitted for filing. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor

CorpNet[™], Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



COVER LETTER

| TO: | New Filing So Division of C | | | | |
|---------------------|---|--|-----------------------------------|-------------------------------|--|
| SHRI | FCT. Lilavois E | Entertainment LLC | | | |
| .,(,1),, | | | ulting Florida Lir | nited Con | npany) |
| | | | _ | | ed fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please | return all corre | espondence concerning | g this matter to | : | |
| Aman | da J. Beren | | | | |
| | | (Contact Person) | | | |
| | | (Firm Company) | | _ | |
| 31416 | S Agoura Rd . Ste | | | | |
| | | (Address) | | | |
| Westl | ake Village, CA 9 ————— | | · | _ | |
| filipas | (@corpnet com | Tity, State and Zip Code) | | | |
| | · · · · · · · · · · · · · · · · · · · | e used for future annual re | nort actilications | | |
| | | | | | |
| For fi | irther informati | on concerning this ma | tter, please cal | l: | |
| Aman | ida J. Beren | | _at (|)_449- | 2638 |
| - | (Name of Conta | | | le) (Day | vtime Telephone Number) |
| | | or the following amou a bank located in the | | s proces | sed by this office must be payable in US |
| (\$25 fd & \$12: | 0.00 Filing Fees or Conversion 5 for Articles anization) | ☐S155.00 Filing Fees and Certificate of Status | ■\$180.00 Fifi 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 Fallahassee, I | ection orporations 7 | | New Divis The C 2415 | t Address: Filing Section ion of Corporations Pentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

4NHS11 (7-17)

Articles of Conversion

For

"Other Business Entity"

lmo

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.

| 2. The "Other Business Entity" is a (Enter entity type—Example: corporation, limited partnership, general partnership, common learnership of Enter state, or if a non-U.S. entity, the notate of organization, formation or incorporation). | law or business trust, etc. |
|--|-----------------------------|
| First organized, formed or incorporated under the laws of Hawaii (Enter state, or if a non-U.S. entity, the na 7/15/2020 | law or business trust, etc. |
| (Enter state, or if a non-U.S. entity, the na 7/15/2020 | |
| 7/15/2020 | ama of the country) |
| 7/15/2020 on | ame of the country? |
| (date of organization, formation or incorporation) | |
| • | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article | es of Organization: |
| Lilavois Entertainment 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 vidocument's effective date on the Department of State's records. | will not be listed as the |
| 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | l rights the amount to |

| $\mathcal{L}_{\mathrm{pos}} = \mathcal{L}_{\mathrm{pos}} = \mathcal{L}_{\mathrm{pos}} = \mathcal{L}_{\mathrm{pos}}$ | • |
|---|--|
| Signed this4th day ofAug | 20_22 |
| | tative of Limited Liability Company: |
| Signature of Authorized Representat | ive: Salano Lavols |
| | iness Entity: [See below for required signature(s)] |
| | |
| Printed Name: Valenso Lilavois | Title: Member |
| Signature: | Title: |
| | |
| Signature: Printed Name: | Title: |
| Signature: | |
| Printed Name; | Title: |
| Signature: | Title: |
| | |
| Signature: Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairma If Directors or Officers have not been | |
| If Florida General Partnership or L Signature of one General Partner. | imited Liability Partnership: |
| <u>If Florida Limited Partnership or L.</u> Signatures of <u>ALL</u> General Partners. | imited Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion; Fees for Florida Articles of C Certified Copy; Certificate of Status; | \$25.00 Prganization: \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|---|--|--|--|--|--|
| The name of the Limited Liability Company | ris: | | | | |
| Lilavois Entertainment LLC | | | | | |
| (Must contain the words "Limited Lie | ability Company, "L.I.,C.," or "LI.C.") | | | | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 1414 Alexander Street Apt 102 | 1414 Alexander Street Apt 102 | | | | |
| Honolulu. HI 96822 | Honolulu, HI 96822 | | | | |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server of t | tegistered Agent. You must designate an individual or another he registered agent are: | | | | |
| Valenso Lilavois | | | | | |
| N | ame | | | | |
| 6721 SW 7th Place | | | | | |
| Florida street address (| P.O. Box NOT acceptable) | | | | |
| North Lauderdale | FL 33068 | | | | |
| City | Zip | | | | |
| liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as | and to accept service of process for the above stated limited or in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and stregistered agent as provided for in Chapter 605, F.S | | | | |
| (CONT | FINUED) | | | | |

ARTICLE IV-

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

| (CAA415159 A. Ab) | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager Ambr | Valenso Lilavois |
| AMILA | 6721 SW 7th Place |
| | North Lauderdale FL 33068 |
| | North Cabberdale I C 33000 |
| AMBR | Mie Lilavois |
| | 6721 SW 7th Place |
| | North Lauderdale FL 33068 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| I I controller are if a consumant | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) | |
| (Use attachment if necessary) LE V: Other provisions, if any | |
| | |
| • | |
| (Use attachment if necessary) LE V: Other provisions, if any. | |
| · | |
| .E.V: Other provisions, if any. REQUIRED SIGNATURE: | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | |
| · | lawir |
| EV: Other provisions, if any. REQUIRED SIGNATURE: | |
| E V: Other provisions, if any. REQUIRED SIGNATURE: Colored Signature of a member or | an authorized representative of a member |
| E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance. | an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware |
| E V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance. | an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware |
| Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in \$.817.155, F.S. | an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware |
| REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a doct as provided for in \$.817.155, F.S. Valenso Lilavois | |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Doc ID: d52341f1c7f02e5ae7aa9d08488f71308a022c