(Re	equestor's Name)	
(Ad	ldress)	
,	•	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	\$)
PICK-UP	WAIT	MAIL
<u> </u>	nine a Calife Name	
(Bu	isiness Entity Name	;)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates of	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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PH 6: 49

COVER LETTER

Division of Co	orporations			
SURIECT. Monun	nental Productions, LI	.C		
SOBJECT.		ulting Florida Limite	ed Com	pany)
		-		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
Braden Worrell				
	(Contact Person)			
Monumental Produc	ctions, LLC			
	(Firm/Company)			
4677 San Paulo Ct				
	(Address)			
Lakeland, FL 33813				
(0	City, State and Zip Code)			
braden@monumentalpr	roductions.co			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Braden Worrell		_at (812	599	-8682
(Name of Conta	ct Person)		(Day	time Telephone Number)
	or the following amou a bank located in the		rocess	ed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		∑ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Adda New Filing So Division of C P.O. Box 632	ection orporations		New f Divisi	Address: Filing Section on of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: New Filing Section

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: Monumental Productions, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership general partnership common law or business trust attail.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Indiana (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
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:
Monumental Productions, 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.)
<u>Note:</u> 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.

FILED
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Signed this _lst day of _August	20 <u>22</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Braden Worrell	Title: Producer
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Braden Worrell	Title: _Producer
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership;
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Name.					
ARTICLE I - Name: The name of the Limited Liability Company	is:				
Monumental Productions, LLC					
(Must contain the words "Limited Liab	bility Company, "	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal off	ice of the Limite	d Liability Co	ompanj	y is:
Principal Office Address:	Mailing	Address:			
4677 San Paulo Ct	4677 Sa	n Paulo Ct			
Lakeland, FL 33813		d, FL 33813			
					
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	egistered Agent. \	ou must designate an			
Braden Worrell					
Na	ime				
4677 San Paulo Ct					
Florida street address (P	P.O. Box <u>NO</u>	Γ acceptable)			
Lakeland	FL	33813			
City		Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certif pacity. I furth te performan	icate, I hereby acc er agree to compl ee of my duties, ar	cept the appoi ly with the pro nd I am familia	ntment visions ar with	t as s of all rand
Registered Agent's S	ignature (RE	OUIRED)	≥e	20	
	INUED)	(2 2 2)	LERE DANS OF ST	2022 SEP -6 PM 6	

ARTICLE IV-

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 MGR	Braden Worrell			
WOX	4677 San Paulo Ct			
	Lakeland, FL 33813			
				
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(Use attachment if necessary)				
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RTICLE V: Other provisions, if any.		0.27		
VITCEE V. Other provisions, if any.		in the second		
				
REQUIRED SIGNATURE:	5			

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Braden Worrell

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)