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CÖVER LETTER

| TO: New Filing Section' | |
|--|--|
| Division of Corporations | |
| SUBJECT: 506 Studio LLC | |
| | f Resulting Florida Limited Company) |
| The enclosed Articles of Conversion | Articles of Organization, and fees are submitted to convert an "Other ed Liability Company" in accordance with s. 605.1045, F.S. |
| Steven Badciong | |
| (Contact Person) | |
| Libera Knapp, P.A. | |
| (Firm/Company) | |
| 125 Center Street | |
| (Address) | |
| Winona, MN 55987 | |
| (City, State and Zip Coo | ic) |
| sbadciong@liberaknap | p.com |
| E-mail Address: (to be used for future annua | |
| For further information concerning this | matter, please call: |
| Steven Badciong | • |
| (Name of Contact Person) | at (507) 452-3246 (Area Code) (Daytime Telephone Number) |
| | Journ's (All checks proceed by all and |
| \$\infty\$ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | s S180.00 Filing Fees and Certified Copy Certificate of Status |
| 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 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.

| 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 limited liability company |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws ofMinnesota |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on March 28, 2016 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| 506 Studio LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: <u>December 1, 2022</u> . (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.

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|--|---|--------------|
| Signature of Authorized Representative of L | imited Liability Company: | |
| Signature of Authorized Representative: Printed Name: Shawn D. Hutmacher | have I detternal | \supset |
| Signature(s) on behalf of Other Business Entity | | |
| Signature: X Y N Al 9h 1 Hattan 1 | $\Omega / \Omega H$ | |
| Printed Name: Shawn D. Hutmacher | Ittle: _ Authorized Member | - - |
| Signature: Printed Name: | | |
| | Title: | . |
| Signature: | | |
| Printed Name: | Title: | - |
| Signature: | | |
| Signature:Printed Name: | Title | |
| Signature | ride. | |
| Signature: Printed Name: | Til | |
| Signature | 11t(e; | |
| Signature: | | |
| Printed Name: | | |
| Printed Name: If Florida Corporation: | Title: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. | Title: r Officer. incorporator must sign. lity Partnership: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I If Florida General Partnership on Limits 41. | Title: r Officer. incorporator must sign. lity Partnership: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners. All others: | Title: r Officer. incorporator must sign. lity Partnership: | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I If Florida General Partnership or Limited Liabi Signature of one General Partner. If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners. | Title: r Officer. incorporator must sign. lity Partnership: | 2022 NOV 28 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| 506 Studio LLC (Must contain the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5036 Useppa Court Punta Gorda, FL 33950 | 5036 Useppa Court Punta Gorda, FL 33950 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered) | Office, & Registered Agent's Signature |
| business entity with an active Florida registration.) | over Agent. Too most designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| Shawn D. Hutmacher | |
| Name | |
| 5036 Useppa Court | |
| Florida street address (P.O. | Box NOT acceptable) |
| Punta Gorda | FL 33950 |
| City | Zip |
| registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2022 NOV 28 AM 11: 23

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

| "MGR" = Manager | | |
|--|---------------------------------------|------------|
| AMBR | Shawn D. Hutmacher | |
| | 5036 Useppa Court | |
| | Punta Gorda, FL 33950 | |
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| CLE V: Other provisions, if any. | SS | 28 |
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Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Fiorida 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.

Shawn D. Hutmacher

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)