L220W524244

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | İ |
| | | |

T. SCOTT_i

DEC 1 9 2022



700398248297

12/12/27-01:4/--01:

DIVISION F CORPONATIONS
TALL TASSFE, FLORIDA

2022 DEC 12 AM 3: 2

COVER LETTER

| TO: | New Filing S Division of C | | | | |
|---------------------|--|---|---------------------------------------|--------------|---|
| SHRI | JECT: CAPTAII | N CORPS ENTERTAIN | MENT PRODUCTI | ONS I | LC |
| SOL | <u> </u> | | sulting Florida Limi | | |
| | | | - | | nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please | e return all corr | espondence concernin | g this matter to: | | |
| Josep | ih M . Landolfi, Jr. | ., LL.M. | | | |
| | | (Contact Person) | | - | |
| Shapi | ro, Blasi, Wasse | rman & Hermann, P.A. | | | |
| | | (Firm/Company) | | - | |
| 7777 | Glades Road, Sι | uite 400 | | | |
| | | (Address) | | - | |
| Boca | Raton, FL 33434 | i. | | | |
| | (1 | City, State and Zip Code) | - | = | |
| jlando | lfi@sbwh.law | | | | |
| E-r | nail Address: (to b | oe used for future annual re | port notifications) | - | |
| For fu | urther informati | on concerning this ma | tter, please call: | | |
| Josep | h M. Landolfi, Jr. | ., LL.M. | _at (<u>561</u> | 477- | 7800 |
| | (Name of Conta | act Person) | (Area Code) | (Day | ytime Telephone Number) |
| | | for the following amou a bank located in the | | roces | sed by this office must be payable in US |
| (\$25 fo & \$125 | i0.00 Filing Fees or Conversion 5 for Articles anization) | ☐\$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | | ☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| | Mailing Add New Filing S Division of C P.O. Box 632 | ection Corporations | | New Divis | t Address: Filing Section ion of Corporations Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

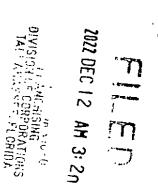
"Other Business Entity"

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: CAPTAIN CORPS PRODUCTIONS |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| |
| First organized, formed or incorporated under the laws of |
| |
| May 10, 2022 |
| on May 10, 2022 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| CAPTAIN CORPS ENTERTAINMENT 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.) |
| 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 | _20_33 |
|--|--------------------------------------|
| Signature of Authorized Representative of Limi | ted Liability Company: |
| , | |
| Signature of Authorized Representative: Printed Name: RALPH AVALLONE | Title: Manager |
| Frinted Name, TOLL IT AVALLONG | Title: Manager |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| Signature: 122 CZ | |
| Signature: Printed Name: RALPH AVALLONE | |
| Trinica (valie, 1992) Triving Cont | Title: Tresident, Breedo |
| Signature: | |
| Printed Name: | Title: |
| Signatura | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Signature: Printed Name: | Title: |
| | |
| Signature: | 197.4 |
| Printed Name: | Ittle: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In- | corporator must sign. |
| If Florida General Partnership or Limited Liabili | ty Partnership |
| Signature of one General Partner. | ty tarthership. |
| _ | |
| If Florida Limited Partnership or Limited Liability | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

CAPTAIN CORPS ENTERTAINMENT PRODUCTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Mailing Address: |
|---------------------------|
| 11438 Orange Blossom Lane |
| Boca Raton, FL 33428 |
| |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| RALPH AVALLONE | |
|--------------------------|--------------------------|
| N | ame |
| 11438 Orange Blossom La | ane |
| Florida street address (| P.O. Box NOT acceptable) |
| Boca Raton | FL 33428 |
| 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 name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u> | Name and Address: |
|-----------------------------------|----------------------------|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | RALPH AVALLONE |
| | 11438 Orange Blossom Lane |
| | Boca Raton, FL 33428 |
| MGR | RONALD GOLDSTEIN |
| MOK | PO Box 50269 |
| | |
| | Lighthouse Point, FL 33074 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (| |
| ICLE W. Oak | |
| ICLE V: Other provisions, if any. | |
| | |
| | |
| | -27 |
| <u>REQUIRED</u> SIGNATURÉ: 🦙 | |
| | (1, (/) |
| _ stork | alle C |
| | |

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.

RALPH AVALLONE, Manager

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)