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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | me) |
| (Dx | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLARY SEE, FL



COVER LETTER

| TO: New Filing Sect Division of Corp | | | | | | |
|--|---|-----------------------------------|-------------|--|--------------|-----------------|
| SUBJECT: CAMPFIRE | ENTERTAINMENT, L | LC | | | | |
| SUBJECT: | (Name of Rest | ilting Florida Limite | d Company) | | | |
| The enclosed Articles of Business Entity" into a | | | | | | Other |
| Please return all corresp | ondence concerning | this matter to: | | | | |
| Anthony Morales | | | | | | |
| (| (Contact Person) | | | | | |
| MyUSACorporation.com | | | | | | |
| (| (Firm/Company) | | | | | |
| 1 Radisson Plaza, Suite 8 | 300 | | | | | |
| | (Address) | | | | | |
| New Rochelle, NY 10801 | | | | | | |
| (City | z, State and Zip Code) | | | | | |
| info@myusacorporation.c | com | | | | | |
| E-mail Address: (to be us | sed for future annual rep | ort notifications) | | | | |
| For further information | concerning this mat | ter, please call: | | | | |
| Anthony Morales | | _at (| 330-2677 | | | |
| (Name of Contact I | | (Area Code) | (Daytime Te | elephone Number) | • | |
| Enclosed is a check for dollars and drawn on a l | | | rocessed by | this office must be | e payable in | US |
| (\$25 for Conversion as | 3\$155.00 Filing Fees and Certificate of status | S180.00 Filing and Certified Copy | y Certif | 85.00 Filing Fees. fied Copy, and ficate of Status | SECE | 2022 DEC |
| Mailing Address New Filing Sect Division of Corp P.O. Box 6327 Tallahassee. FL | ion porations | | The Centre | Section Corporations of Tallahassee onroe Street, Suite | STOFFE STATE | DEC 29 PM 1: 19 |

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 Arti-CAMPFIRE ENTERTAINMENT, LLC | cles of Conversion is: |
|--|---|
| (Enter Name of Other Business Entity) | <u>—</u> · |
| 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common co | non law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | he name of the country) |
| 08/08/2017 | |
| On | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Ar | ticles of Organization: |
| CAMPFIRE 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 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 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 | ş. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | aisal rights the amount to |
| | 2022 DEC 29 F SEGRETARY O TALLAMASS |

| Signed this 19th day of December | 20_22 | | | |
|--|---|--------------|--------|--|
| Signature of Authorized Representative of Limit | | | | |
| Signature of Authorized Representative: Michael Knowlton | Title: Member | - | | |
| Signature(s) on behalf of Other Business Entity: [| Spe below for required signature(s)] | | | |
| Signature: 97000 | A book | | | |
| Printed Name: Michael Knowlton | Title: Member | , | | |
| Signature: | | | | |
| Printed Name: | Title: | • | | |
| Signature: | | _ | | |
| Printed Name: | Title: | • | | |
| Signature: | | | | |
| Printed Name: | | | | |
| Signature:Printed Name: | | | | |
| Frinced Name. | _ 11(16 | | | |
| Signature:Printed Name: | Title: | • | | |
| If Florida Corporation: | | | | |
| Signature of Chairman, Vice Chairman, Director, or C If Directors or Officers have not been selected, an Inc. | | | | |
| | | | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | y Partnersnip: | | | |
| If Florida Limited Partnership or Limited Liability | v Limited Partnership: | | | |
| Signatures of ALL General Partners. | | | | |
| All others: Signature of an authorized person. | | t n | 2 | |
| Fees: | | ECR TAL | 2022 D | (SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS |
| Articles of Conversion: | \$25.00 | | DEC 2 | ************************************** |
| Fees for Florida Articles of Organization: | \$125.00 | 84 (348) | 9 | , T |
| Certified Copy: Certificate of Status: | \$30.00 (Optional) \$5.00 (Optional) | | PM | |
| | · • | 17.E | 1:19 | |
| | | , . , | _ | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | | |
|---|--|---|
| CAMPFIRE ENTERTAINMENT, LLC | | |
| | bility Company, "L.L.C.," or "LLC.") | |
| 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: | |
| 1811 Englewood Road #236 | 1811 Englewood Road #236 | ì |
| Englewood, Florida, 34223 | Englewood, Florida, 34223 | |
| The name and the Florida street address of the Michael Knowlton Na | ne registered agent are: | |
| 27429 Hole in One Place | | |
| Florida street address (I | P.O. Box NOT acceptable) | |
| Englewood | FL 34223 | |
| City | Zip | |
| | d in this certificate, I hereby acc pacity. I further agree to comply ete performance of my duties, an | ept the appointment as y with the provisions of al d I am familiar with and |

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 | | | |
| AMBR | Michael Knowlton | | |
| - | 27429 Hole In One Place | | |
| | | | |
| | Englewood, FL 34223 | | |
| AMBR | Michael Monello | | |
| | 561 4th St #C2 | | |
| | Brooklyn, NY 11215 | | |
| | | | |
| AMBR | Steve Coulson | | |
| | 186 Alexander Avenue | | |
| | Nutley, NJ 07110 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | ·0 r | . |
| | | 7. 335 | 3 |
| | | AR P | |
| RTICLE V: Other provisions, if any. | | | |
| | | 7: 22 r | 7007 DFC 249 |
| | | ~~~~ | ************************************** |
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| | 0 | ೯೬. ಕಾರ್ | ·· /e= |
| REQUIRED SIGNATURE: | 1111 | FINTE TATE | 1:19 |
| 2000 AND THE | XT INT | 1 1 1 | _ |
| 1/41/ | 7 | | |
| | i i i i i i i i i i i i i i i i i i i | ner | |
| Signature of a member or | an authorized representative of a memb | m aware that | |
| This document is executed in accordance | with section 605.0203 (1) (b), Florida Statutes. I a | degree felony | |

Michael Knowlton

as provided for in s.817.155, F.S.

any false information submitted in a document to the Department of State constitutes a third degree felony

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)