L23000038042

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Copies	Certificates of	f Status
	ng Officer:	
		:

Office Use Only



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January 24, 2023

CORPORATION SERVICE COMPANY

RESUBMIN Please give original submission date as file date.

SUBJECT: MAGIC KINGDOM PRODUCTIONS, LLC

Ref. Number: W23000008413

We have received your document for MAGIC KINGDOM PRODUCTIONS, LLC. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 023A00001724

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www.sunbiz.org

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:	New Filing S Division of C				
SHRI	LECT. Magic Ki	ingdom Productions, LL0	C		
ЗОВ			sulting Florida Lim	ited Con	npany)
					nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to:		
Kathe	eleen Duelo				
		(Contact Person)		_	
The V	Valt Disney Com	pany			
		(Firm/Company)	·	_	
500 S	outh Buena Vista	a St.			
		(Address)	<u> </u>	_	
Burba	nk, CA 91521	(_	
	(0	City, State and Zip Code)		_	
corp.s	ecretary@disne	y.com			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Kathe	leen Duelo		_at (⁸¹⁸	560-	1000
_	(Name of Conta	act Person)	(Area Code	:) (Day	ytime Telephone Number)
		for the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fc & \$125	0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Son Division of Control P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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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: Magic Kingdom Productions, Inc.
(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 (Enter state, or if a non-U.S. entity, the name of the country)
on March 11, 1998 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Magic Kingdom 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 20th day of January	20_23
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: And Printed Name: Chakira H. Gavazzi	Title: Secretary
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Jakim H. Huvayy Printed Name: Chakira H. Gavazzi	Title: Director
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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

ARTICLE I - Name:

The name of the Lin	mited Liability Company	y is:	
Magic Kingdom Prod (Mus		ability Company, "L.L.C.," or "L.L.C.")	 _
ARTICLE H - Add The mailing address		e principal office of the Limited Lis	ability Company is:
Principal Office A	ddress:	Mailing Address:	
1675 Buena Vista Dr	ive	1675 Buena Vista Drive	
Suite 505		Suite 505	
Lake Buena Vista, Fl	L 32830	Lake Buena Vista, FL 32830	
The name and the F	lorida street address of t	pany	
	N	lame	
	1201 Hays Street		23 .
	Florida street address (P.O. Box NOT acceptable)	ء ۾
	Tallahassee	FL ³²³⁰¹	J#124
	City	Zip	P
liability compo registered agent o statutes relating	any at the place designate and agree to act in this ca to the proper and compl	nd to accept service of process for the ed in this certificate, I hereby accept upacity. I further agree to comply wi- lete performance of my duties, and I o s registered agent as provided for in	the appóintment as th the provisions of al am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Disney Enterprises, Inc.
	500 South Buena Vista St. Burbank, CA 91521
	Daliocitic, 67101021
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	

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.

Chakira H. Gavazzi

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)