L23000249256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W23000022075
03/09/23



200401138112

3. CH (17.70)

01/31/23--01034--001 ++155.80



.

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2023

JAMES ADAMS 5060 HEBRON DR MERRITT ISLAND, FL 32953 US

SUBJECT: ULTIMATE IN-HOME THEATER

Ref. Number: W23000022075

We have received your document for and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 823A00003884

3

--2:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: <u>Utimate In-Home Theater, UC</u> (Name of Resulting Florida Limited Company)	
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	Other
Please return all correspondence concerning this matter to:	
James Adams (Contact Person) Littimate, In-Home Theater (Firm/Company)	
5060 Hebron Drive (Address)	
Merrit Island, FC 32953 (City, State and Zip Code)	
E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Tanus Adams at (371) 302-5557 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)	ı US
☐ \$150,00 Filing Fees (\$25 for Conversion & Status ☐ \$180,00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status ☐ \$185,00 Filing Fees.	
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion For

"Other Business Entity"

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation - S-Corp.</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 10/2/2007 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ultimate In-Home Theator, LC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3 6 23. (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 standary 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 March	_20 <u>_</u> 23	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Tames Adams	Title: pres Jowner	-
Signature(s) on behalf of Other Business Entity: [• • • • • • • • • • • • • • • • • • • •	
Signature: Printed Name: Somes Adams	Title: pres. owar	- -
Signature:Printed Name:		
Signature:Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:	_ Title:	- -
Signature:Printed Name:	Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		2023 HAR St.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	R-9 PH
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	2:03
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	13		· ·		•	N. T	
Α	К	1 1	ŲI.	.t.	1 -	Na	me:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
SOLO Hebron Drive	Sobo Hebron Dr
Merritt Island FL	Morritt Island Fl
32953	32953

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:

Tame: Holand

Name

Solo Habron Dr

Florida street address (P.O. Box NOT acceptable)

Merritt Island FL 37953

City 7in

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)

A	D	TI	71	LE	11	. 7
/ 1	Γ	11	V.I	Laffa	1	• –

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG Z	Somes Adams 5060 Hebron Dr Merrith Island, PL 32953
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
10/1-	
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b). Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
James Ada	
Ту	ped 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)