(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:

Office Use Only



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haa

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. :	I2000000195
REFERENCE :	762324 7666356
AUTHORIZATION :	greed de man
COST LIMIT :	\$ 150.00
ORDER DATE : May 22, 2023	
ORDER TIME : 2:24 PM	
ORDER NO. : 762324-015	
CUSTOMER NO: 7666356	
DOMESTIC AMENI NAME: INTERNATIONAL DUE SERVICE LLC	
EFFECTIVE DATE:	
XX ARTICLES OF CONVERSION AND CRESTATED ARTICLES OF INCORPO	
PLEASE RETURN THE FOLLOWING AS PRO	OOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDI	ING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: International Dubbing Services LI	LC	
(Name of Res	ulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Li-	les of Organization	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Leon A. Arteche		
(Contact Person)		
International Dubbing Services LLC		
(Firm/Company)		
8200 NW 41 Street, Suite 225		
(Address)		
Doral, FL 33166		
(City, State and Zip Code)		
larteche@vmetv.com		
E-mail Address: (to be used for future annual rep	port notifications)	
For further information concerning this mat	ter, please call:	
Leon A. Arteche	_at ( 305	<sub>)</sub> 904-2484
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the l		rocessed by this office must be payable in US
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop	
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 <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: International Dubbing Services LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability LLC
(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)
03/09/2018 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
International Dubbing Services 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
the date this document is filed by the Florida Department of State.)

- 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 24 day of May	20 <u> 23</u>
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Leon A. Arteche	Title: CFO
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Leon-A Arteche	Title: CFO
Signature:Printed Name:	TSIL
Printed Name:	1 file:
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title;
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLE I - Nam The name of the Lin	e: nited Liability Company	is:		
International Dubbing (Mus	Services LLC t contain the words "Limited Lial	bility Company,	"L.L.C.," or "LLC	2.")
ARTICLE II - Add The mailing address		principal of	fice of the Li	mited Liability Company is:
Principal Office Ac	idress:	Mailin	g Address:	
8200 NW 41 Street, S Doral, FL 33166	Suite 225	<del></del>		
(The Limited Liability Cor business entity with an ac	gistered Agent, Register npany cannot serve as its own Re tive Florida registration.) Iorida street address of th CORPORATION SER	egistered Agent. ne registered	You must designa	Agent's Signature: te an individual or another
-		ime	APANI	_
	1201 HAYS ST			
-	Florida street address (P	O. Box NO	T acceptable	<del>_</del> )
	TALLAHASSEE	FL	32301	
-	City		32301 Zip	_
liability compa registered agent a statutes relating	ny at the place designated nd agree to act in this cap to the proper and comple	d in this certi pacity. I furth te performan registered as Veclard -	ficate, I hereb her agree to co nce of my dutie gent as provid nenson, A	ess for the above stated limited y accept the appointment as omply with the provisions of all is, and I am familiar with and sed for in Chapter 605, F.S

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	Eligio Cedeno
	4925 SW 82nd Street
	Miami, FL 33143
MGR	Arnaldo Salazar Otamendi
	650 Pennsylvania Ave., Apt 19
	Miami Beach, FL 33139
MGR	Leon A. Arteche
··· <del>···</del>	11917 SW 9th CT
	Davie, FL 33325
(1)	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	an authorized representative of a member
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awar
Signature of a member or a This document is executed in accordance any false information submitted in a document	with section 605.0203 (1) (b), Florida
Signature of a member or a	an authorized representative of a memb with section 605.0203 (1) (b). Florida Statutes. I ament to the Department of State constitutes a third of

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)