1300040517

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Linky Halile)
(Document Number)
(Secument Hamsel)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800413587998

S. CHATHAM SEP - 1 2023

RECEIVED

2023 AUG 29 PM 2: 47

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		1
MAD CAVE STUI	DIOS INC.	—-
Please Debit FCA00	00000003 For: 150	
Thank you Seth Nee	elev	
1-4-1	<u> </u>	 -
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		× Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ .		Officer Search
A	7/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
MING	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Coerier
		i de la companya de

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.

The name of the "Other Business Entity" immediatel MAD CAVE STUDIOS INC	
(Enter Name of Other Busine	· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited p	
(Enter entity type. Example: corporation, limited p	artnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of	of
	(Enter state, or if a non-U.S. entity, the name of the country)
AUGUST 13, 2014	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company MAD CAVE STU	
(Enter Name of Florida Limited Liab	ility Company)
4. If not effective on the date of filing, enter the effecti	ve date: August 31, 2023
(The effective date: Cannot be prior to date of receipthe date this document is filed by the Florida Depar Note: If the date inserted in this block does not meet the applicabe document's effective date on the Department of State's records.	tment of State.)
5. The plan of conversion has been approved in accorda	ance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to	so 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	28th	_ day of	August	_ 20_23	
Signature	of Author	ized Repr	esentative of Limi	ted Liability Company:	
Signature of	f Authoriz	ed Represe	entative: M.	<u></u>	
Printed Nan	ne: MARIO	LONDONO	MEJIA	Title: MANAGER	,
	12. 4		Business Entity: [See below for required signature(s)]	
Signature:		·h			
Printed Nar	ne: MARIO	LONDONO	MEJIA	Title: PRESIDENT	•
Signatura					
Printed Nan	 ne:			_ Title:	•
Signature:	<u>-</u>				
Printed Nan	ne:			_ Title:	
Signature					
Printed Nan	ne:			Title:	•
Signature:				Title:	•
Frince Nai	ne:			11de;	-
Signature:				m. i	
Printed Nar	ne:			_ Title:	, -
If Directors If Florida (Signature o	f Chairmar or Officer General Pr f one Gene Limited Pr	n, Vice Cha s have not artnership ral Partner	or Limited Liabili	corporator must sign.	
All others: Signature o		ized persoi	1.		
Fees:					16.2
Fee Cei	icles of Co es for Flori tified Cop tificate of	da Articles y:	s of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	F. 29 FM 1:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	ability Company i	is:	
	MA	D CAVE STUDIOS, LLC	
(Must contain t	ne words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and sta	eet address of the	principal office of the Limited	l Liability Company is:
Principal Office Address:		Mailing Address:	
8838 SW 129TH STREET		8838 SW 129TH STREET	?::
MIAMI, FLORIDA 33176		MIAMI, FLORIDA 33176	7237
			nt's Signatures
(The Limited Liability Company carbusiness entity with an active Flori The name and the Florida s	nnot serve as its own Re da registration.)		ndividual or another
Televino ii		ime	
2020 D	ONCE DE LEON R	ONE WARD CHITE 100CR	
		OULEVARD, SUITE 1005B P.O. Box NOT acceptable)	
	GABLES	FL 33134	
	City	Zip	
liability company at the registered agent and aground aground statutes relating to the packets accept the obligation.	ne place designated see to act in this cap proper and comple s of myposition as	nd to accept service of process for a in this certificate, I hereby accept the party. I further agree to compare performance of my duties, as registered agent as provided for the performance of the provided for the performance of the perform	cept the appointment as ly with the provisions of al nd I am familiar with and

(CONTINUED)

A	D7	r ta	CT	r	IV.
-	HK.			. r	1 V -

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

<u> Fitle:</u>	
"AMBR" = Authorized Member	
"MGR" = Manager	MARIO I DANDONO ANTINA
MGR	MARIO LONDONO MEJIA
	8838 SW 129TH STREET
	MIAMI, FLORIDA 33176
MGR	LAURA C. CHACON
	8838 SW 129TH STREET
	MIAMI, FLORIDA 33176
· · · <u>· · · · · · · · · · · · · · · · </u>	
(Use attachment if necessary)	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a d	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware occurrent to the Department of State constitutes a third degree f
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordance.	or an authorized representative of a member since with section 605.0203 (1) (b), Florida Statutes. I am aware occurrent to the Department of State constitutes a third degree f
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a d	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware occurrent to the Department of State constitutes a third degree for MARIO LONDONO MEJIA
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a d	or an authorized representative of a member since with section 605.0203 (1) (b), Florida Statutes. I am aware occurrent to the Department of State constitutes a third degree f