# L23000 481866

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
. <del></del>
Special Instructions to Filing Officer:





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FILED
2023 OCT | | PM |: |

### **COVER LETTER**

Division of Cor					
SUBJECT: Connell Me	edia Group LLC				
30b3t.c.r.	(Name of Resi	ılting Flori	da Limite	d Com	pany)
		_			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corresp	oondence concerning	this mat	ter to:		
D. Scott Klemp					
	(Contact Person)				
Klemp & Stanton, PLLP					
	(Firm/Company)				
2295 Waters Drive					
	(Address)				
Mendota Heights, Minne	sota 55120				
	y, State and Zip Code)				
dsk@klemp-stanton.com	•				
E-mail Address: (to be u	sed for future annual rep	ort notifica	tions)		
	·				
For further information	concerning this mat	ter, pieas	e can:		
D. Scott Klemp		_at (651	)	310	-1400
(Name of Contact	Person)	(Are	a Code)	(Day	time Telephone Number)
Enclosed is a check for dollars and drawn on a	•		•	ocess	ed by this office must be payable in US
(\$25 for Conversion a	3\$155.00 Filing Fees and Certificate of status	□\$180.0 and Certi			☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Sect Division of Corp P.O. Box 6327	ion		í 1	New F Divisi	Address: Filing Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### 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 Articles of Conversion is:  Connell Media Group LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is alimited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of Minnesota  (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
January 11, 2022 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: Connell Media Group 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.



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KTLONIDA LAMITED LA	
ny is:	
_	
Liability Company, "L.L.C.," or "LLC."	)
he principal office of the Limi	ited Liability Company is:
Mailing Address:	
28384 Sombrero Drive	
Bonita Springs, Florida	34135
tered Office, & Registered A Registered Agent. You must designate	
the registered agent are:	
Name	
(P.O. Box NOT acceptable)	
FL 34135	
Zip	
and to accept service of process ted in this certificate, I hereby of capacity. I further agree to com- plete performance of my duties, as registered agent as provided s Signature (REQUIRED)	accept the appointment as nply with the provisions of all and I am familiar with and
	he principal office of the Lim  Mailing Address:  28384 Sombrero Drive Bonita Springs, Florida  tered Office, & Registered A Registered Agent. You must designate  the registered agent are:  Name  (P.O. Box NOT acceptable)  FL 34135  Zip  and to accept service of process ted in this certificate, I hereby apacity. I further agree to complete performance of my duties, as registered agent as provided  (Signature (REQUIRED)

Signed this 5th day of OC to W	20 <u>23</u> .	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative: Printed Name: Katherine A. Connell	Title: President	-
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]	
Signature: Li VIIILE & Consell		
Printed Name: Katherine A. Connell	Title: President	-
Signature:		_
Printed Name:		
Signature:Printed Name:	Title	-
		_
Signature:Printed Name:		-
Signature:Printed Name:		- -
Signature:		
Printed Name:		- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.  If Florida General Partnership or Limited Liabilit Signature of one General Partner.	corporator must sign.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)	ROBBOCT // PM /: 10
·		

## ARTICLE IV-

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

201.1	a sound the Limited
Title:	Name and A.J.
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	
	Katherine A. Connell
	28384 Sombrero Drive
	Bonita Springs, Florida 34135
<del></del>	
	<del></del>
_ <del></del>	
_	
73.7	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	May S
- Kattlesine (1)	Anul
Signature of a member or an out	Dorized representative of
Signature of a member or an out	norized representative of a member
Signature of a member or an out	norized representative of a member ion 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree follows:
Signature of a member or an auti This document is executed in accordance with secan any false information submitted in a document to the as provided for in s.817.155, F.S.	norized representative of a member tion 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felony
Signature of a member or an auti This document is executed in accordance with secu- any false information submitted in a document to the as provided for in s.817.155, F.S.	e Department of State constitutes a third degree felony
Signature of a member or an aution This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	Department of State constitutes a third degree felony
Signature of a member or an auti This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	Department of State constitutes a third degree felony
Signature of a member or an auti This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	rinted name of signee Filing Fees ization and Designed
Signature of a member or an auti This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	rinted name of signee Filing Fees ization and Designed
Signature of a member or an aution This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	rinted name of signee  Filing Fees ization and Designation of Registered Agen  \$ 5.00 Certificate of Status (Optional)
Signature of a member or an aution This document is executed in accordance with secundary false information submitted in a document to the as provided for in s.817.155, F.S.  Katherine A. Connell  Typed or p	rinted name of signee Filing Fees ization and Designed