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T.J.H 3/5/24 Matthew Dearden, Attorney 9502 Whispering Stream Ct Centerville. OH 45458 mdearden@deardenlawoffices.com 937-768-2750 February 1, 2024

Florida Department of State
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: Conversion and Articles of Organization for LM & Friends Studio's LLC

Dear Sir/Madam.

I am writing to submit the Articles of Conversion and Articles of Organization for LM & FRIENDS STUDIO'S LLC, previously a New York limited liability company, now converting to a Florida limited liability company with the same name. This filing is part of the formal process to domesticate LM & FRIENDS STUDIO'S LLC to the State of Florida, in accordance with state laws governing such conversions.

Enclosed, please find the completed Articles of Conversion and Articles of Organization, accompanied by the necessary fees and any additional documents required by the Florida Division of Corporations.

We strive for compliance with all state regulations throughout this conversion process and appreciate the Division's guidance and assistance. Should any further information or clarification be needed, please contact me directly at 937-768-2750 or via email at mdearden@deardenlawoffices.com.

We look forward to establishing LM & FRIENDS STUDIO'S LLC as a Florida entit contributing to the state's business community.

Thank you for your assistance and attention to this matter.

Sincerely,

Matthew Dearden, Attorney
For LM & FRIENDS STUDIO'S LLC

Enclosures: Articles of Conversion, Articles of Organization

COVER LETTER

TO:	New Filing Se Division of Co					
SUR	IFCT: LM & FRI	ENDS STUDIO'S LLC				
17(/1)		(Name of Res	ulting Fl	orida Limite	d Com	pany)
						I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	spondence concerning	g this n	natter to:		
Matth	ew Dearden					
-		(Contact Person)		-		
Deard	den Law Offices L	LC				
		(Firm/Company)				
9502	Whispering Strea	m Ct				
		(Address)	 .			
Cente	erville, OH 45458					
	((ity, State and Zip Code)				
mdea	ırden@deardenlav	woffices.com				
E-	mail Address: (to b	e used for future annual re	port noti	fications)		
For f	urther information	on concerning this ma	tter, ple	rase call:		
Matth	iew Dearden		_at (_	37	768-2	2750
	(Name of Conta	ct Person)			(Day	time Telephone Number)
		or the following amou a bank located in the			rocess	red by this office must be payable in US
(\$25.f & \$12	50,00 Filing Fees for Conversion 25 for Articles panization)	□\$155.00 Filing Fees and Certificate of Status		80,00 Filing entified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	zetion orporations 7			New I Divisi The C 2415 I	t Address: Filing Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 870 nassee, FL 32303

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: LM & FRIENDS STUDIO'S LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
07/15/2022 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:
LM & FRIENDS STUDIO'S 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.)
<u>Note:</u> 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 1	day of February	20 <u>24</u>	
Signature of Aut	iorized Representative of	Limited Liability Company:	
Signature of Authorited Name: Mattl	orized Representative: Mad	Title: Attorney	
Signature(s) on be	half of Other Business En	ity: See below for required signatu	
Signature: Iona fod Printed Name: Lana	Bodin	Title: Member/Owner	
		Title:	
		Title:	
		Title:	
Signature:			
Signature:			
If Florida Corpor	ation:	Title:	
	man, Vice Chairman, Directo cers have not been selected.		
If Florida General Signature of one G	<mark>l Partnership or Limited L</mark> eneral Partner.	iability Partnership:	
If Florida Limited Signatures of ALL		iability Limited Partnership:	
All others: Signature of an aut	horized person.		
Fees:			
Articles of	Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
LM & FRIENDS STUDIO'S LLC	
/Must contain the words of ins	ited Liability Company, "L L.C.," or "LLC,")
AMILIST COMMITTEE WORLDS 17.000	ucu thaonny company. 1.12c., or 1.1.c. i
	ico Baomy Company, 15 f.x of 15 f.c. 1
ARTICLE II - Address:	of the principal office of the Limited Liability Compan
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Compan
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Compan
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Compan <u>Mailing Address:</u>

(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:

Lana Bodin	
N	ame
1058 N Victoria Park Rd	
Florida street address (P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33304
City	Zip

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. Thereby 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 603, F.S.,

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lana Bodin
	1058 N Victoria Park Rd
	Fort Lauderdale, FL 33304
(Use attachment if necessary)	
·	
(Use attachment if necessary) LE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Lawa English. Signature of a member or This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: lawa feelia. Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Lana Bodin Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE: lawa feelia. Signature of a member or This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Lana Bodin Ty	with section 605.0203 (1) (b), Florida Statutes. I am aware iment to the Department of State constitutes a third degree fe
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