L24000297028

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer: 06/13/24
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May 6, 2024

LINDA S. WEIZMAN, ESQUIRE LINDA S. WEIZMAN, P.L. 4102 WASHINGTON ROAD WEST PALM BEACH, FL 33405 US

SUBJECT: APOLLO PRODUCTIONS, LLC

Ref. Number: W24000070631

We have received your document for APOLLO PRODUCTIONS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000147848 ACT APOLLO PRODUCTIONS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

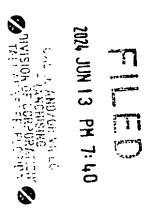
Letter Number: 424A00009870

Rickey L Richardson Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	New Filing S Division of C				
SHR	FCT, Apollo P	Productions FL, LLC			
.,01%		(Name of Re	sulting Forid: Li	mited Cor	որ ւոչ)
The e Busir	nclosed Article ess Entity" int	rs of Conversion, Artic o a "Florida Limited L	les of Organiza lability Compa	ation, an ny" in a	ad fees are submitted to convert an "Othe ecordance with s. 605.1045, U.S.
Pleas	e return all con	espondence concernm	g this matter to);	
LINDA	k S. WE ITZMAN				
		(Confact Person)			
LIND	S. WEITZMAN	, P.L.			
		(Firm-Company)			
4102	WASHINGTON	RCAD			
		r.xddress)			
WEST	PALM BEACH	FL 33405			
	(City, Stare and Zip Code)			
	TTY@BEI.LSO				
II-r	nail Address (to)	oc used for future amount re	port cotributions	}	
For fi	orther informat	on concerning this ma	tter, please cal	l:	
JAMIE	SON FILIP		91.6	,788-6	53 37
	(Name of Cont	act Person)	(Area Coo	le) (Day	time Telephone Number)
Enclo dollar	sed is a check s and drawn or	for the following amoves a bank focuted in the	int (All checks Umted States)	s proces:	sed by this office must be payable in US
1325 fd 8: \$12:	0.00 Filing Fees or Conversion of Or Articles inization)	(78155.00 Filing Fees and Certificate of Status			DS1: 5.00 Filing Fees. Tertified Copy, and Tertificate of Status
	Mailing Add New Filing S Division of C P.Q. Box 632	ection Opporations 27		New I Divisi	<u>t Address:</u> Fiding Section ion of Corporations 'entre of Tallahassee
	Tallahassee.	FL 32314			N. Monroe Street, Suite \$10 m/ssec, FL 32303



Articles of Corversion For "Other Busines: Entity" Imo Florida Limited Liability Company

The Articles of Conversion and attacaed Articles of Organization are submitted to convert the following "Other Business Entity" into a Flor da Limited Liability Company in accordance with 8.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Apolle Productions, ELC
(Enter Same of Other Business F. 11:19)
The "Other Business Entity" is a
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business must letch
First organized, formed or incorporated under the laws of (Fine) state, or if a ron-U.S. en ity, the name of the country)
(Finier state, or if a non-U.S) on ity, the name of the country)
02°26/2008
(dite of organication, fernation or incorporation)
2. The name of the Florida Limited Liability Company as six forth in the attached Articles of Organization: Applie Productions FLytLC
(Enter Name of Florida Limite) Liability Company)
4. If not effective on the date of filing, enter the elfective 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 Flori in Department of State.)
Note: If the date it serted it this block does not meet the applicable statistics, illing requirements, his date will not be listed as the document's effective date of 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 Dusiness Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-305.1072, F.S.

Signed	this <u>23</u>	_ day of APRIL	20	24.	
Signati	are of Author	ized Representative (of Limited	Liability Comp	any:
Signatu Printed	re of Authoria Name: JAMIES	ced Representative: SON FILIP	h	tle: MEMBER	·
Signatu	rc(s) on beha	lf of Other Business E			
Signatu	re:	1/2	1	1 MEMBER	
Printed	re: Name: <u>JAMIE</u> S	ONFILIP		itle: MEMBER	
Printed	Name:		Ti	itle:	
6 .					
Signatu Printed	re:		T	itle:	·
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Printed	Name:		r	itle:	
Signatu		on: n, Vice Chairman, Directs s have not been selecte			
	ida General P ire of one Gene	artnership or Limited eral Partner.	Liability P	artnership:	
		artnership or Limited eneral Partners.	Liability L	imited Partners	h <u>ip:</u>
All oth Signate	ers: ire of an author	rized person.			
Fees:					
	Articles of Co Fees for Flori Certified Cop Certificate of	da Articles of Organiz y:	ation: \$1 \$3	25.00 25.00 30.00 (Optional) 5.00 (Optional)	



AR' TCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Diability Company	· 18:
APOLLO PRODUCTIONS FL. LLC	
(N'us) contact the words "Limited Lia	obility Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2103 SW 5197 STREET	2106 SW 51\$T STREET
CAPE CORA ., FL 33914	CAPE CORA FL 3: 914
2106 SW 51ST STREET	he registered agent are: A A A A A A A A A
City	FI Start
Having been named as registered agent and hability commany at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	id to accept service of provess for the above stated limited of it this certificate. There by accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and tregistered agent as provided for in Chapter 60: A.S. Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	JAMIESON FILIP
NO.	2106 SW 51ST STREET
	CAPE CORAL, FL 33914
	
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	SSIN NORTH
	<u> </u>
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(Use attachment if necessary)	69
(Use attachment if necessary)	62
	63
(Use attachment if necessary) LE V: Other provisions, if any.	69
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware that
REQUIRED SIGNATURE: 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 that ument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document of the second of the sec	e with section 605 0203 (1) (b). Florida Strutter, Lam autor, thus
REQUIRED SIGNATURE: Signature of gamember or This document is executed in accordance any false information submitted in a doce as provided for in s.817.155, F.S. JAMIESON FILIP	e with section 605 0203 (1) (b). Clorida Statutos, Laurantena des

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

ARTICLE IV-

Company: