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

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	07/17/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference #	0.4.4.0.4.0.0	
Entity Name	ROBERT SISTERS	PICTURES, LP
☐ Articl ☐ Ame ☐ Char ☐ Rein ☐ Conv	les of Incorporation/Authorization to Tran ndment nge of Agent statement version	2024
	ious Name	
☐ Othe	er	
Authorized	Amount: \$ 155.00	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 For any issues please contact

Date:	07/17/2024	Cheyanne Davis (850) 202-1882
Name:	Cheyanne Davis	<u></u>
Referenc	e #:2440102	_
Entity Na	me:ROBERT SIST	ERS PICTURES, LP
☐ Ar	ticles of Incorporation/Authorization mendment mange of Agent einstatement onversion	to Transact Business
☐ Di	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	ther	
Authorize	ed Amount:  Characterists	

F: 800.944.6607

Signature: \_\_\_\_\_

F: +852.2682.9790

## **COVER LETTER**

то:	New Filing S Division of C					
SUBJ	IECT:	Robert	Sisters Picture	es, LLC	C	
3 <b>0 D</b> 0		(Name of Res	ulting Florida Limi	ted Com	ipany)	-
			_		d fees are submitted to occordance with s. 605.10	
Please	e return all corr	espondence concerning	g this matter to:			
		Douglas Robson		_		
		(Contact Person)		_		
	Barr	nes & Thornburg LLF				202
		(Firm/Company)	, , , , , , , , , , , , , , , , , , , ,	_		i =
	1 N. W	acker Drive, Suite 44	100			
		(Address)		_		
	(	Chicago, IL 60606				2024 JUL 17 AM 9: 4
	((	City, State and Zip Code)		_		
	dr	obson@btlaw.com				57°
E-t	nail Address: (to b	e used for future annual re	port notifications)	_		
For fi	irther informati	on concerning this ma	tter, please call:			
	Erin l	LeBlanc	at ( 312	)	214-8835	
·	(Name of Conta	ict Person)	_	) (Day	time Telephone Number)	-
		or the following amou a bank located in the		process	sed by this office must b	e payable in US
(\$25 fc & \$12:	60.00 Filing Fees or Conversion 5 for Articles anization)	⊠\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co	-	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C 2415 I	Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	810

# **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 propert Sisters Pictures, LP	rior to the filing of the Article	es of Cor	nversio	n is:
(Enter Name of Other Business E	ntity)		[2]	
2. The "Other Business Entity" is a	limited partnership	- 	2024 淵	
(Enter entity type. Example: corporation, limited partner	ership, general partnership, commo	n law or b	usiness ti	rust, et <u>c.</u> )
First organized, formed or incorporated under the laws of _	Florida er state, or if a non-U.S. entity, the	177.00 177.00	<u>-1</u>	
March 29, 2024	er state, or it a non-U.S. entity, the	name of the	ne <u>co</u> unti Çî Æ	
(date of organization, formation or incorporation)			1	
The name of the Florida Limited Liability Company as s     Robert Sisters Pictures, LLC	;		n gamz	ation.
(Enter Name of Florida Limited Liability)	Company)			
4. If not effective on the date of filing, enter the effective d	Date of Filing			
(The effective date: Cannot be prior to date of receipt or the date this document is filed by the Florida Departme Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	nt 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 which such members are entitled under ss. 605.1006 and 60		al rights	the amo	ount to

Signed	l this	17	_ day of	<u></u>	July	20_	24						
<u>Signat</u>	ure of A	<u> Author</u>	ized Rep	resenta	utive of L	imited L	<u>iabilit</u>	y Com	pany:				
Signati Printed	ure of A I Name:_	uthoriz	ed Repro	esentativ obert Kapa	/e: cinskas	Tit	le:		Manager		_		
					ness Entity	<u>y:</u>	elow f	or requ	iired sigr	nature(s)			
Signatu Printed	ure: I Name <u>:/</u>		Sophia Ro	DOL bert Kape	W)H ecinskas	Tit	le:	Ge	eneral Partr	ner	_		
Signate	are:		Fignation	nert Kana	cinskas	Т.,	la·	Ge	eneral Partr	ner			
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Printed	l Name:_					Tit	le:				<del>_</del>	20	
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Signatu If Direct	ctors or   rida Gen	iairmar Officer <b>eral P</b> a	n, Vice CI s have no	t been se <u>p or Lii</u>	, Director, elected, an mited Lia	Incorpo	rator m		1.				
			artnershi meral Par		nited Lial	bility Lir	nited P	<u>'artner</u>	ship:				
All oth Signate		author	ized perse	o <b>n</b> .									
<u>Fees:</u>													
		r Flori d Cop	y:		ganizatio	\$30	5.00	ptional tional)	)				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	Dobort Sistors D	ioturos III	<u></u>		
(Must contain	Robert Sisters P	·	.=.	·····	
ARTICLE II - Address: The mailing address and s	street address of the p	orincipal off	ice of the Limite	ed Liability Compar	ıy is:
Principal Office Address	<u>s:</u>	Mailing	Address:		
100 Worth Avenu Palm Beach, Flori			0 Worth Avenue n Beach, Florid		
ARTICLE III - Register (The Limited Liability Company of business entity with an active Flo The name and the Florida	rida registration.)	erea rigeiii.	tva max acinginat an	17	, , , , , , , , , , , , , , , , , , ,
	COGENCY G	_	_		
	Nan			99	W-2-20
	115 North Calhou	ın Street, S	Suite 4	7	
Flori	da street address (P.	O. Box <u><b>NO</b></u>	$\Gamma$ acceptable)		
	Tallahassee	FL	32301		
	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, I hereby 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 605, F.S.

Registered Agent's Signature (REOUIRED)

(CONTINUED)

#### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = ManagerMGR	Sophia Robert Kapacinskas
	100 Worth Avenue, #401
	Palm Beach, Florida 33480
MGR	Fiona Robert Kapacinskas
	100 Worth Avenue, #401
	Palm Beach, Florida 33480
	••
	!
	<u> </u>
(Use attachment if necessary)	
LE V: Other provisions, if any.	
<u>.</u>	<u> </u>

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sophia Robert Kapacinskas

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)