# L24000380277

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

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08/27/24--01013--026 \*\*150.00

SECREDARY OF STATE TALLAHASSEE, FLORIDA

## **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 prior to the filing of the Alberta Media Marketing LLC	articles of Conversion is:
(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	ommon law or business trust, etc.)
First organized, formed or incorporated under the laws of	y, the name of the country)
01/02/2018	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the <b>attached</b> Ahrens Media Marketing LLC	Articles of Organization:
(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 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, 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 statu	ites.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	ppraisal rights the amount to
	2024 AUG 27 SEURE DAY O

		· •
Signed this 12	day of August	2024 .
Signature of Authoriz	ed Representative o	f Limited Liability Company:
	<b>\</b>	Value almos
Signature of Authorize	d Representative:	Man Rollers
Printed Name: Kody Ahre	ns	Title: Owner/Member
Signature(s) on behalf	of Other Business Er	ntity: [See below for required signature(s)
Signature: Kady +	Threns	Title: Owner/Member
Printed Name: Kody Ahre	ns	Title: Owner/Member
Signature:		200
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:	<del></del>	Title:
Signature:		
Printed Name:		Title:
Chanatawar		
Drintad Nome:		Title:
rinted Name.		THE
If Florida Corporation	<u>ı:</u>	
Signature of Chairman.	Vice Chairman, Direc	tor, or Officer.
If Directors or Officers	nave not been selected	I, an Incorporator must sign.
<u> If Florida General Par</u>	tnership or Limited	Liability Partnership
Signature of one General		Linding 1 artificianity.
_		
		Liability Limited Partnership:
Signatures of <u>ALL</u> Gen	eral Partners.	
All others:		
Signature of an authoriz	ed person.	
<b></b>	•	
Fees:		
Articles of Con	uareian:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ime: Limited Liability Company	is:		
Ahrens Media Mar	keting LLC			
		pility Company, "L.L.C.," or "LLC.")		
ARTICLE II - A The mailing addre		principal office of the Limited	Liability Company is:	
Principal Office	Address:	Mailing Address:		
7901 4th St N		7901 4th St N		
STE 300		STE 300		
St. Petersburg, FL	33702	St. Petersburg, FL 33702		
The name and the	Florida street address of the Registered Agents Inc.			
	Na	me		
	7901 4th St N STE 300			
	<del></del>	O. Box NOT acceptable)		
	St. Petersburg	FL <sup>33702</sup>		
	City	Zip		
liability com registered agent statutes relatir	pany at the place designated tand agree to act in this cap ig to the proper and complete bligations of my position as    Dayld Y     Registered Agent's S	d to accept service of process for l in this certificate, I hereby accepacity. I further agree to comply te performance of my duties, and registered agent as provided for ignature (REQUIRED)	ept the appointment as with the provisions of all I am familiar with and in Chapter 605, F.S  TALLAHASSEE	

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Kody Ahrens	
	280 Cambridge Dr	_
	Red Lion, PA 17356	_
AMBR	Thomas Stanley	
	428 SW Akron Ave, Stuart	_
	Florida 34994	_
		_
		_
		_
		_
	<u> </u>	23
(Use attachment if necessary)	두)	24
	Aw S	2024 AUG 27
	RST (	<b>⊳</b>
TICLE V: Other provisions, if any.	<del>(π',</del> ,	~
	يا	<del>_</del>
		<u>12</u>
	<u></u>	<u></u>
	D E	N
REQUIRED SIGNATURE:		

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.

Kody Ahrens	

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)