L24000392531

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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SEURE LARY OF STATE PALLAHASSEE, FLORIDA

TITO



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 "Othe LMG USA Holdings INC	r Business Entity" immed	iately prior to the filing	of the Articles	of Conv	ersion	is:
	(Enter Name of Other B	usiness Entity)	 ·			
2. The "Other Business E	ntity" is a	ted partnership, general part	nership, common	law or bus	iness tro	ust, etc.)
First organized, formed or	•					_
on 9/6/1984 (date of organization, form	ation or incorporation)					
3. The name of the Florid LMG USA Holdings LLC	a Limited Liability Comp	any as set forth in the a	ttached Articl	es of Or	ganiza	ıtion:
	Enter Name of Florida Limited I	Liability (Company)				
4. If not effective on the c (The effective date: Can) the date this document is Note: If the date inserted in thi document's effective date on the	date of filing, enter the effort of the prior to date of resting to filed by the Florida Deptite the applications of the state of the applications.	8/14/2024 ective date:				
5. The plan of conversion	has been approved in acco	ordance with all applica	ible statutes.			
6. The "Converted or Other which such members are	r Business Entity" has agree e entitled under ss. 605,100			th Sec NE WAY OF FIGURE TALLAHASSEE, F		

Signed this 27 day of A. S. S.	20 <u>~~~</u>	
Signature of Authorized Representative of Limite	ed Liability Company:	
Signature of Authorized Representative: Printed Name: Les Goldberg	Title: Managing Member	
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)	
Signature: Printed Name: Les Gold	Title: many member	
Signature: U Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco If Florida General Partnership or Limited Liability	orporator must sign.	
Signature of one General Partner.	Tartifersing.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	1
All others: Signature of an authorized person.	ASSET	TARY U
Fees:	· · · · · · · · · · · · · · · · · · ·	יים מטיב

\$25.00

\$125.00

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

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	5:	
LMG USA Holdings LLC		
(Must contain the words "Limited Liabil	hty Company, "L.L.C., or "LLC.)	
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
2350 Investors Row	2350 Investors Row	
Orlando, FL 32837	Orlando, FL 32837	
<u>.</u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an i	
Les Goldberg Nan		
ran		
2350 Investors Row	<u></u>	
Florida street address (P.G	O. Box <u>NOT</u> acceptable)	
Orlando	FL 32837	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby according the complete to complete to complete performance of my duties, and egistered agent as provided for a surface (REQUIRED)	rept the appointment as y with the provisions of all and a milion with and
(00.111)	,	-

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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	
MGR	Les Goldberg
	2350 Investors Row
	Orlando, FL 32837
(Use attachment if necessary)	
	TA.
LE V: Other provisions, if any.	AAC.
	<u> </u>
DEGUIDED CICNATURE.	الــــــــــــــــــــــــــــــــــــ
REQUIRED SIGNATURE:	
T	
Signature of a member or a	an authorized representative of a member
Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the
Signature of a member or a This document is executed in accordance	an authorized representative of a member
Signature of a member or a This document is executed in accordance any false information submitted in a docum as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the

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)