# L24000394273

(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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US/04/84--01021--004 \*\*.81.60

## Articles of Conversion For

## "Other Business Entity"

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following	ng
"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Liability Company in accordance with s.605.104	lorida
Statutes.	

Statutes.	
1. The name of the "Other Business Entity" immediately prior to t Skiptown Global, LLC	the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company (CA) (Enter entity type. Example: corporation, limited partnership, ge	
(Enter entity type. Example: corporation, limited partnership, ge	meral partnership, common law or ousiness trust, etc.,
First organized, formed or incorporated under the laws of California	<u>a</u>
(Enter state, o	or if a non-U.S. entity, the name of the country)
on 7/16/2022	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth	in the attached Articles of Organization:
Skiptown Global, LLC	·
(Enter Name of Florida Limited Liability Company	у)
4. If not effective on the date of filing, enter the effective date: 10/	01/2024
(The effective date: Cannot be prior to date of receipt or filed of the date this document is filed by the Florida Department of Se Note: If the date inserted in this block does not meet the applicable statutory filed document's effective date on the Department of State's records.	tate.)
5. The plan of conversion has been approved in accordance with al	Il applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any m which such members are entitled under ss. 605.1006 and 605.1061	

Signed this 27 day of August	_ 20		
Signature of Authorized Representative of Limi	ted Liability Company:		
Signature of Authorized Representative: Printed Name: James Gordon	Title: President (Motorcade Media, Inc	<u>.</u>	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: Printed Name: James Gordon Signature:	Title: Manager	-	
Printed Name: Dehise Gordon	Title: Manager	- -	
Signature:Printed Name:		- -	
Signature: Printed Name:	Title:	<del>-</del> -	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	Title:	<b>-</b> -	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			<u>ا الم</u>
<u>Fees:</u>		7	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	F1 1429	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	.me: .imited Liability Company i	s:	
Skiptown Global, L		ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	<del>-</del> ·	principal office of the Limited	l Liability Company is:
Principal Office	Address:	Mailing Address:	
556 Paxville Pl		3019 Edgewater Dr	
The Villages FL 32	162	Unit #A1052	
		Orlando, FL 32804	
	James Gordon Na  556 Paxville Pl	me	7001 SSP -11
	<del></del>	O. Box NOT acceptable)	1- '- (e
	The Villages	FL 32162	ED 1:39
	City	Zip	(1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
liability com registered ageni statutes relatir	pany at the place designated t and agree to act in this cap ag to the proper and complete bligations of my position as the complete of the proper and complete bligations of my position as the complete of the properties of the pr	I to accept service of process for in this certificate. I hereby accept acity. I further agree to complete performance of my duties, and registered agent as provided for ignature (REQUIRED)	ept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

#### ARTICLE IV-

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

Denise Gordon 556 Paxville Pl The Villages, FL 32162
556 Paxville Pl
556 Paxville Pl
The Villages, FL 32162
James Gordon
556 Paxville Pl
The Villages FL 32162
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