L24000471234

| (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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COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Jones Media LLC | | |
| (Name | e of Resulting Florida Limited Company) | |
| The enclosed Articles of Conversion Business Entity" into a "Florida Lim | , Articles of Organization, and fees are stated Liability Company" in accordance w | bmitted to convert an "Other ith s. 605.1045, F.S. |
| Please return all correspondence con | cerning this matter to: | |
| Candace Sonne | | |
| (Contact Person | 1) | |
| Sonne Castle & Company LLC | | |
| (Firm/Company | () | |
| 1361 Royal Palm Square Blvd Suite 6 | | |
| (Address) | | |
| Fort Myers, FL 33919 | | |
| (City, State and Zip | Code) | 17 53 |
| parkerjonesphoto@gmail.com | | 024 |
| E-mail Address: (to be used for future a | nnual report notifications) | 9) 4 |
| For further information concerning t | his matter, please call: | 2024 AUG 13 |
| Candace Sonne | at ()_2996577 | 20 2 |
| (Name of Contact Person) | (Area Code) (Daytime Telepho | ne Number) Co |
| Enclosed is a check for the followin dollars and drawn on a bank located | g amount: (All checks processed by this of in the United States) | office must be payable tidUS |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | 5 | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: New Filing Section of Corporation of Corporation of Tallahassee, FL. | orations Illahassee Street, Suite 810 |

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

| The Articles of Conversion and attached Articles of Organization are sub | mitted to convert the following |
|--|-----------------------------------|
| "Other Business Entity" into a Florida Limited Liability Company in ac | cordance with s.605.1045, Florida |
| Statutes. | |

| "Other Business Entity" into a Florida Limited Liability Company in a Statutes. | ccordance with \$.605.1045, Florida |
|--|--|
| The name of the "Other Business Entity" immediately prior to the filing Parker Jones Photography LLC | of the Articles of Conversion is: |
| (Enter Name of Other Business Entity) | |
| The "Other Business Entity" is a Limited Liabilty Company (Enter entity type. Example: corporation, limited partnership, general partnership. | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, | nership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of | U.S. entity, the name of the country) |
| (Enter state, or if a non- | U.S. entity, the name of the country) |
| 03/18/2022 on | 5 5 |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the a | ttached Articles of Organization: |
| Jones Media LLC | - ch |
| (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 than 90 calendar days after |
| the date this document is filed by the Florida Department of State.) | and the second s |
| Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records. | ements, this date will not be listed as the |
| 5. The plan of conversion has been approved in accordance with all applica | l ble statutes. |
| The "Converted or Other Business Entity" has agreed to pay any members h which such members are entitled under ss. 605.1006 and 605.1061-605.107 | |

| Signed this 2nd day of August | 20 24 |
|--|--|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: | |
| Signature of Authorized Representative: Printed Name: Parker Jones | Title: Owner |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s)] |
| | |
| Signature: Printed Name: Parker Jones | Title: Owner |
| Fillited (value) divides | THE SWILL |
| Signature: Printed Name: | |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature:Printed Name: | Tri-l |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | _ Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc | |
| The Directors of Officers have not been selected, an in- | corporator must sign. |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners. | ty Limited Partnership: |
| | |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Compan | y is: | |
|---|---|--|
| Jones Media LLC | | |
| (Must contain the words "Limited Li | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limit | ed Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 506 Cottonwood Ave S | 506 Cottonwood Ave S | |
| Lehigh Acres, FL 33974 | Lehigh Acres, FL, 33974 | |
| The name and the Florida street address of t | | 2024 AUG 13 |
| | lame | CO |
| 1361 Royal Palm Square | | |
| Florida street address (| (P.O. Box <u>NOT</u> acceptable) | |
| Fort Myers | FL ³³⁹¹⁹ | |
| City | Zip | |
| Having been named as registered agent as liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and comple | ed in this certificate, I hereby ac apacity. I further agree to comp | ccept the appointment as ply with the provisions of all |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Γitle:</u> | Name and Address: | |
|---|--|------------------|
| 'AMBR" = Authorized Member | Name and Address: | |
| 'MGR" = Manager | } | |
| MGR | Ariana Y Jones | |
| | 506 Cottonwood Ave S | |
| | Lehigh Acres, FL, 33974 | |
| | | , , , , , , |
| MGR | Parker A Jones | |
| | 506 Cottonwood Ave S | |
| | Lehigh Acres, FL, 33974 | |
| | | |
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| | | |
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| | | |
| Use attachment if necessary) | | 7,42 |
| | | |
| | l | . · · · · |
| LE V: Other provisions, if any. | | |
| | | |
| | | |
| | | |
| DECLUDED CLCN TUDE | | |
| REQUIRED SIGNATURE: | | |
| | | - . |
| - Harris | | - |
| Signature of a member or | an authorized representative of a | member |
| This document is executed in accordance | with section 605.0203 (1) (b), Florida Sta | tutes. I am awa |
| any false information submitted in a docur as provided for in s.817.155, F.S. | ment to the Department of State constitute | s a third degree |
| Parker Jones | | |
| | ped or printed name of signee | _ |

ARTICLE IV-