# L24000486584

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

Office Use Only



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2024 HOV 14 AN 9: 09

October 30, 2024

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: QuadroStar Records LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

- 1. Articles of Organization and Articles of Conversion.
- 2. A check for \$155 for the Filing Fee and Certificate of Status.
- 3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741 or email colivieri@andersonadvisors.com.

Sincerely yours,

Crayton Olivieri Organizer

### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: QuadroStar Records LLC			
(Name of R	Resulting Florida Limit	nited Company)	
The enclosed Articles of Conversion, ArtiBusiness Entity" into a "Florida Limited I	icles of Organizati Liability Company	tion, and fees are submitted to convert an "Othery" in accordance with s. 605.1045, F.S.	er
Please return all correspondence concerni	ing this matter to:		
Crayton Olivieri			
(Contact Person)	' <u>-</u>	_	
Anderson Business Advisors			
(Firm/Company)		- 202	
3225 McLeod Drive, Suite 100		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Address)		-	
Las Vegas, Nevada 89121		2024/109/14/7	-
(City, State and Zip Code)	)		• •
ra@andersonadvisors.com			
E-mail Address: (to be used for future annual r	report notifications)	- 99	
For further information concerning this m	atter, please call:		
Crayton Olivieri	at (	706-4741	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amo dollars and drawn on a bank located in the	ount: (All checks pi e United States)	processed by this office must be payable in US	ı
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1 1 -	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

### **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605×1,045. Florida
Statutes.
<u> </u>
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  QuadroStar Records LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
May 20, 2020 on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
QuadroStar Records LLC
(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 30th da	y of October	20_24	
Signature of Authorized	Representative of L	imited Liability Company:	
Signature of Authorized Representative:		mid. A. Albania d Dania a Ashi	
Printed Name: Crayton Oil	rieri	Title: Authorized Representative	_
Signature(s) on behalf of	Other Business Entit	v:  See below for required signature(s)	
Signature: Craylon Olimini			
Printed Name: Crayton Oliv	ieri	Title: Authorized Representative	<u> </u>
Signature:			
Printed Name:		Title:	_ _
Printed Name:		Title:	_ _
Signature:		Title:	
Printed Name:		Title:	_ · ·
Signature:			
Printed Name:		Title:	
			• -
Printed Name:		Title:	_ '
Signatures of <u>ALL</u> Genera	re not been selected, an rship or Limited Liab artner. rship or Limited Liab Partners.	Incorporator must sign.	
All others: Signature of an authorized	person.		
Fees:			
Articles of Conver Fees for Florida Ar Certified Copy: Certificate of Statu	ticles of Organization	\$25.00 : \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

QuadroStar Record			<u> </u>
(N	lust contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		ne principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
3225 McLeod Dr. S	Suite 100	3225 McLeod Dr. Suite 100	
Las Vegas, Nevada	a 89121	Las Vegas, Nevada 89121	
The name and me	Florida street address of t Anderson Registered Age		1003
		ame	0.7
	N	ame	91.48
	N 625 E. Twiggs Street, Suit	ame	6.119 91.10
	N 625 E. Twiggs Street, Suit	ame te 110	69 :E 131 41 19
	N 625 E. Twiggs Street, Suit Florida street address (	ame te 110 P.O. Box <u>NOT</u> acceptable)	60 :6 :19 41 i.B. 163

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### 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	
MGR	Hector Ayala
	3225 McLeod Dr, Suite 100
	Las Vegas, NV 89121
MGR	Catherine L. Cummings
	3225 McLeod Dr. Suite 100
	Las Vegas, NV 89121
<del></del>	
	11/16
(Use attachment if necessary)	9.09
( and announced it necessary)	
Date of the control o	
RTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	)
C	rayton Olimeni
	0
Signature of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605,0203 (1) (b). Florida Statutes. Lam aware that
any false information submitted in a docu as provided for in s.817.155, F.S.	iment to the Department of State constitutes a third degree felony
Crayton Olivieri	
	yped 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)