# 125000438949

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
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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TALLAHASSEE, FATE



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## **COVER LETTER**

Division of Corporations		
SUBJECT: That Movie Company		
(Name of Resulting	Florida Limite	ed Company)
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liability	y Company'	
Please return all correspondence concerning this	matter to.	
Andrew Taylor		
(Contact Person)		202
That Movie Company		2025 AUG 21
(Firm/Company)		LAF
109 Troon Point Lane		G 21 P
(Address)		
Ponte Vedra Beach, FL, 32082		G21 PM 2:2
(City. State and Zip Code)		一
thatmoviecompanymedia@gmail.com		
E-mail Address: (to be used for future annual report no	otifications)	
For further information concerning this matter, p	lease call:	
Andrew Taylorat (	904	228-4090
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount: (A dollars and drawn on a bank located in the United	_	rocessed by this office must be payable in US
\$\sum_{\text{\$\leq}} \sum_{\text{\$\leq}} \sum_	180.00 Filing l Certified Copy	Fees
Mailing Address:  New Filing Section  Division of Corporations  P.O. Box 6327		Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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 Articles of Conversion is:  That Movie Company
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3/3/2025
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
That Movie Company
(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 18th day of August	_20 <u>_25</u> .	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative:  Printed Name: And Plant Turk Turk Turk Turk Turk Turk Turk Turk	Title: Owner	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: WMM WM		
Signature: And OW 1000	Title: OWAR	
J		
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title	
Frinted Name.	_ Title	
Signature:Printed Name:	m:-1	
Printed Name:	_ I itle:	•
Signature:		
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		SOV 6707
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	NG21 PM

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FER	
The name of the Limited Liability Company is:	
That Movie Company LLC  (Must contain the words "Limited Liability	Company W. I. C. " or "I. I. C.")
(Must contain the words   Limited Diability	Company, L.E.C., or E.C. )
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
109 Troon Point Ln, Ponte Vedra Beach, Fi, 30 987	109 Troon Point Ln, Ponte Vedra Beach
109 Troon Point Ln, Ponte Vedra Beach, Fl, 32987	FL, 32082
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Andrew Taylor Name	
Hane	
109 Troon Point Lane	
Florida street address (P.O.	
Ponte Vedra Beach	FL_32082
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paracept the obligations of my position as regional forms.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of accept mance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S  ature (REQUIRED)

		. <b>.</b>	_	
Α	RTI	$\mathbf{C}\mathbf{L}$	7	IV

as provided for in s.817.155, F.S.

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager MGR	Andrew Taylor		
WICH	109 Troon Point Ln, Ponte Vedra Beach, Fl, 320 / 2		
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	20		
	2025 712		
	₩ N		
	(7) **C		
(Use attachment if necessary)	2: 23 STATE FL		
CLE V: Other provisions, if any.			
REQUIRED SIGNATURE:	1. O M		
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. I am aware that ament to the Department of State constitutes a third degree felony		

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)