N18000013392

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

Office Use Only

K118000107049

M. MOON DEC 1/3/2018



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12/28/18--01014--012 **10.00

12/07/18--01012--010 **70.00

12/07/18--01008--019 **25.00

018 DEC 28 PH 12: 29

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

Non-Profit

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| Shashanya Productions, LLC - L I & UU 248566 |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a Limited Liability Company |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Florida |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| 10/17/18 on |
| Enter date "Other Business Entity" was first organized, formed or incorporated |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: |
| N/A |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: |
| Shashanya Productions, Inc. |
| Enter Name of Florida Profit Non-Profit |
| 5. If not effective on the date of filing, enter the effective date: |
| (The effective date: Cannot be prior to nor more than 90 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 |
| received in the date inserted in this block does not need the applicable statutory thing requirements, this date will not be |

Page 1 of 2

listed as the document's effective date on the Department of State's records.

2018 BHC 28 PM 12: 29

| Signed thi | s <u>27</u> day | of December | | , 20 | |
|---------------------------------------|--|--|--|--------------------------|-----------------|
| Required | Signature for Fl | orida Profit Corporation: | | | |
| Signature Incorporat Printed Na | of Chairman, Victor: ///////////////// name: Michael Barn | e Chairman, Director, Office Common C | er, or, if Directors | or Officers have not bee | en selected, an |
| | | behalf of Other Business I | | | |
| Signature: | fuch | ael Barne | 1 | | - |
| Printed No | Michael Barne | es | Title: President | | - |
| Signature: | · | | | | - |
| Printed Na | ame: | | Title: | | - |
| Signature: | | | | | - |
| Printed Na | ame: | | Title: | | - |
| Signature: | | | | | - |
| Printed Na | ame: | | Title: | | - |
| Signature: | · | | | | - |
| Printed Na | ame: | | Title: | | - |
| Signature: | · | | | | - |
| Printed Na | ame: | | Title: | | - |
| If Florida Signature | General Partner of one General Pa | rship or Limited Liability urtner. | Partnership: | | |
| | Limited Partners of ALL General | rship or Limited Liability Partners. | Limited Partners | hip: | |
| | Limited Liabilit of a Member or A | y Company: authorized Representative. | | | |
| All others Signature | <u>s:</u> of an authorized p | berson. | | | |
| Fe Ce | ertificate of Conve ees for Florida Art ertified Copy: ertificate of Status | ticles of Incorporation: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | | |

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| | NAME SHASHANYA I corporation shall be: | PRODUCTIONS, INC. | | | |
|---|---|-----------------------|-------------------------------------|--------------------|--|
| <u>ARTICLE II</u> | PRINCIPAL OFFICE | | | | |
| 1331 S | Principal <u>street</u> address: SW 88th Way | | Mailing address, if different is: | | |
| Pembr | oke Pines, FL 33025 | | | | |
| | | | | | |
| ARTICLE III The purpose for and at-risk com | which the corporation is organized is | to develop, promote a | nd administrate soccer programs for | underserved | |
| | to promote community connection, en | | | | |
| | | | | | |
| ARTICLE IV | MANNER OF ELECTION The n | | ctors are elected and appointed: | te incorporator ar | |
| Name and Title | Michael Barnes, President | Name and Title | Roxanne Cade, Secretary | | |
| | 1331 SW 88th Way | Address: | 3471 Donamire Chase | | |
| | Pembroke Pines, FL 33025 | | Kennesaw, GA 30144 | _ | |
| Name and Title | Andrea McKenzie, Treasurer | Name and Title | : | | |
| Address 13 | 1331 SW 88th Way | Address: | | · 22 | |
| | Pembroke Pines, FL 33025 | | | 2018 DEC | |
| Name and Title | e: | Name and Title | | No. | |
| Address | | Address: | | P# 12: | |
| | | | | ; ?> | |

| Name and Title | ; | Name and Title: | |
|--------------------------------------|---|---|--|
| Address | | Address: | |
| | | | |
| Name and Title | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| ADTICLE VI | DECISTEDED ACENT | | |
| ARTICLE VI The name and I | REGISTERED AGENT Florida street address (P.O. Box NOT acc | ceptable) of the registered age | nt is: |
| Name: | Michael Barnes | | |
| Address: | 1331 SW 88th Way | | |
| 7100700 | Pembroke Pines, FL 33025 | 5 | |
| | | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| The name and a | address of the Incorporator is: | | |
| Name: | Michael Barnes | | |
| Address: | 1331 SW 88th Way | | |
| | Pembroke Pines, FL 3302: | 5 | |
| ARTICLE VIII | FFFECTIVE DATE: 11/29/ | 18 | M(0) (-1) |
| (If an effective | date is listed, the date must be specific a | . (OP | TIONAL) ve days prior or 90 days after the filing.) |
| N. 10.1 1. | | T. 11 | |
| | e inserted in this block does not meet the a ctive date on the Department of State's rec | | uirements, this date will not be listed as the |
| | nmed as registered agent to accept service familiar with and accept the appointment | | uted corporation at the place designated in this |
| cernyicule, i um | The same and accept file appointment | us registeren agent mia agre | |
| | Required Signature of Registere | No. | 11/29/18 Date |
| | , | | |
| i submit this doc to the Departme | cument and affirm that the facts stated he out of State constitutes a third degree felon | rein are true. I am aware tha y as provided for in s.817.15: | et any false information submitted in a document 5, F.S. |
| | Milhard D. | a | 11/29/18 |
| | Required Signature of Inco | orporator | Date |



December 13, 2018

MICHAEL BARNES 1331 SW 88TH WAY PEMBROKE PINES, FL 33025

SUBJECT: SHASHANYA PRODUCTIONS, INC.

Ref. Number: W18000107049

We have received your document for SHASHANYA PRODUCTIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You will also need to send in a check or money order \$10 dollars to cover the cost of the conversion which is \$105.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 518A00025579

Matthew T Moon Regulatory Specialist III

www.sunbiz.org