

P12 000080413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

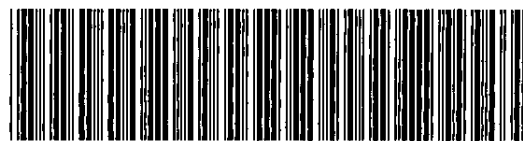
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

SEP 24 2012

EXAMINER



700239771387

09/20/12--01005--016 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 20 AM 8:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UPSTAIRS MEDIA INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

OMARI BREAKENRIDGE
Contact Person

UPSTAIRS MEDIA INC.
Firm/Company

11666 NW 11 STREET
Address

PEMBROKE PINES, FL 33026
City, State and Zip Code

UPSTAIRSMEDIA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMARI BREAKENRIDGE at (954) 965 8522
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
☐ and Certificate of Status ☐ and Certified Copy ☐ Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

FILED
STATE
DIVISION OF CORPORATIONS
12 SEP 20 AM 8:50

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

909

FILED STATE
SECRETARY OF CORPORATION
12 SEP 20 11 50 AM

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

UPSTAIRS MEDIA LLC

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)

on JULY 8, 2010 effective July 7, 2010
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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

UPSTAIRS MEDIA INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 14 day of SEPTEMBER, 2012.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: OMARI BREAKENRIDGE Title: CHAIRMAN

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]
Printed Name: OMARI BREAKENRIDGE Title: CHAIRMAN

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: UPSTAIRS MEDIA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11666 NW 11 STREET
PEMBROKE PINES
FLORIDA 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENGAGE IN ANY ACTIVITY OR BUSINESS
PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMARI BREAKENRIDGE

Name and Title: _____

Address: 11666 NW 11 STREET

Address: _____

PEMBROKE PINES
FLORIDA 33026

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OMARI BREAKENRIDGE

Address: 11666 NW 11 STREET

PEMBROKE PINES, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OMARI BREAKENRIDGE

Address: 11666 NW 11 ST.

PEMBROKE PINES, FL 33026

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

9/14/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator
OMARI BREAKENRIDGE

9/14/2012
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 20 AM 8:50