## P17000089873

(Requestor's Name)
(Address)
(Address)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)  Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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10/30/17--01026--004 \* 122.50

17 NOV -9 PH 2: 38

T. BURCH NOV 9 2017

## **COVER LETTER**

Division	of Corporations
SUBJECT:	Name of Resulting Florida Profit Corporation
71 .	orida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all c	crrespondence concerning this matter to:
Alexande	Contact Person
DJA	Ex B. DJMC Audiot Event Services Firm/Company
37/11.0	1) range Ave. Suite 500 Address
Orlando	City, State and Zip Code
d alexh E-mail addre	ess: (to be used for future annual report notification)
Hexander	nation concerning this matter, please call:  Bags May at (407) 505 - 308    of Contact Person Area Code and Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
□ \$105.00 Filing	Fees S113.75 Filing Fees S113.75 Filing Fees and Certificate of Status Status S122.50 Filing Fees, Certified Copy, and Certificate of Status
JEREET ADDR Jew Filings Secti Division of Corpo Lifton Building 661 Executive C allahassee, FL 3	New Filings Section Division of Corporations P. O. Box 6327 Center Circle Tallahassee, FL 32314
ananasco, i L .	72301

	Into	FILLU	- il
<b>!</b>	Florida Profit Corporation	17 NOV -9 PH 2	38
11		17 NUV -9 PO 4	30
1		on the state of t	- 11
This Certificate o	Conversion and attached Articles of Incorporation are sub-	mitted to convert the If of	lowing "Other
Business Entity"	into a Florida Profit Corporation in accordance with s. 607.	1115 Florida Statutes	
			1
1. The name of ti	e "Other Business Entity" immediately prior to the filing of th	is Certificate of Conver	sion¦is:
DDI AI	Enter Name of Other Business Entity  siness Entity" is a Limited Liebility C	unt Service	es 660
	Enter Name of Other Business Entity		
	1. 11 11 11 11 10		11 9014
2. The "Other Bu	isiness Entity" is a Limited Liability C	ampand LY	61 70176
<u>[</u> [	(Enter entity type. Example: limited liability company, l		1 1
[	general partnership, common law or business trust, etc.)		
11 1		l i	·1
first organized, for	ormed or incorporated under the laws of + OCIDA		1
	(Enter state, or if a non-U.S. entity, the name of the	he country)	1
h _	1/2	country	,
on /// 94	19, 2016		. 1
··· <del>/     / -</del>	Enter date "Other Business Entity" was first organized, for	med or incorporated	
<b>}</b> } †	Emer date. Other business family, was first organized, for	nicu or incorporated	i l
3 If the prejection	ion of the "Other Business Entity" was changed, the state or co	unter under the laws of	lubiah isia naw
organized, formed		unity under the laws of	which it is now
organized former	or incorporated.		
x 11 💪			
_/ <u>\\</u>	<del> </del>	'	
4 Th	- Illusida Desta Como di di con di di calci di c		1 1
- 11 1 2	re Florida Profit Corporation as set forth in the attached Artic	les of Incorporation:	1 1
NTI AI	ex B. Event sus Inc.		1 1
<u> </u>	4× 0. LVC/17 313 11/16.	·	1 1
<b>S</b>	Enter Name of Florida Profit Corporation	on	}
	Ac lake	-777618	
5. If not effective	on the date of filing, enter the effective date: October	<u> 20,0011</u>	
	te: Cannot be prior to nor more than 90 days after the date	e this document is filed	by the Florida
Department of S			1 1 1
Note: If the date	inserted in this block does not meet the applicable statutory fili	ing requirements, this da	ite will not be
listed as the docu	ment's effective date on the Department of State's records.	1	
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<b> </b>	Page 1 of 2	• 1	]
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[] [			
<b>\</b> \ \			1

Certificate of Conversion
For
"Other Business Entity"

Signed this 25	day of October		
11 i 1	e for Florida Profit Corporation:		
Signature of Chair na	an Vice Chairman/Director, Officer, or, if Director  Lagge II  Lag	ors or Officers have not been selected	l, an
Printed Name:	under Libragais / Prisic	ten+	
	e(s) on behalf of Other Business Entity: [See bel	low for required signature(s).]	
Signature:	1 Beague		
Printed Name:	exander L Brags M Tile: O	sner	
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
11 .	Title:		
Signature			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
   If Florida General	Partnership or Limited Liability Partnership:		l
Signature of one Ger			
If Floridal Limited I	Partnership or Limited Liability Limited Partne	ership:	
Signatures of ALL C	General Partners.		\
f Florida Limited I	Liability Company:		\
	ber or Authorized Representative.		}
.ll others:			
ignature of an autho	orized person.		
ees:			
11 1	of Conversion: \$35.00		
Certified Co	rida Articles of Incorporation: \$70.00 ppy: \$8.75 (Option	121)	
Certificate o			

Page 2 of 2

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

The name of the corporation shall be: Do Alex B.	E L cucT
The name of the corporation shall be: 10 71100.	Event 5V5 Inc.
ARTICLE II PRINCIPAL OFFICE	! }
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
37. 10 Principal street address Avenue	
Suite 500	
Orlando, FL 32801	
21 19h do, 11 6 30001	
ARTICLE III PURPOSE	, } ``
The purpose for which the corporation is organized is:	
to operate and do busines	s as a comportion
	1
number of shares of stock is:	
TICLE V INITIAL OFFICERS AND/OR DIRECTORS	- I I
ne and Title: Hexander Li Braggs Name an	d Title:
37 M Ocanas Avenu	
ne and Title: Alexander Li Braggs Name and Iress: 37 11 009 nge Avenue Address: 500 00 1900 FZ 32801	
UI 1910 Co. 76 30801	
ne and Title:	d Title:
}  '	
ess: Address:	
and Title. Name an	d Title:
Name an	u inic.
ess: Address:	
11 1	

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		GISTERED AGENT		1	
The nam	e and Florid	a street address (P.O. Box NOT acceptable) of the registered agent is:		1	,
Name:	Alexan	der LiBragism			
Address:	37/	1. Drang Auna Suite 500	ALLE	17	
	0150	do 10 32501	HASS	FILED	
ARTICI	LE VII	NCORPORATOR	;;;id=:	뫼 o	i
		s of the Incorporator is:		7	1
Name:	il 20 /	Orange Avenue Suite 500	ORBI	33	1
Address:	37.1	Orange Avenue Suite 500			ı
	0(6	pde, 42 37801			
:*****	\  *********	**********************	**		
laving b	been named	is registered agent to accept service of process for the above stated corpora	ation at the plac	ce desig	nated in
his certi,	ficate, I am J	ar <mark>kiliar</mark> with and accept the appointment as registered agent and agree to a	ect in this capac	ity	
				- }	1
		10/25/1	$\overline{7}$	\	
	Required	Signature/Registered Agent Date	<del>/_</del>		
		nt and affirm that the facts stated herein are true. I am aware that any fa uriment of State constitutes a third degree felony as provided for in s.817.15		r submi	tted in a
Kumen	1 to the tock	Juneth of State constitutes a third degree felony as provided for the statistic	,5, 1.5.		
1		10/25/1	7_		
	Required	Signature/Incorporate Date			
			ļ		
			J	}	