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(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	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:	

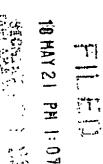
Office Use Only



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04/30/18--01034--004 **75.00



MAY 23 7018

Certificate of Conversion

For

"Other Business Entity"

Into

Morida Profit Corpotalion

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:
Enter Name of Other Business Entity Films LLC L17-81945
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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 April 2017 Enter date "Other Business Entity" was first organized, formed or incorporated
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:
was not Changed.
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Ricker Films Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 2/14/18 (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.) 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.
Page 1 of 2
The state of the s

Signed this 2	day of	_Apri]		, 20	·		
Required Signa	ture for Florida	Profit Corporation	on:				
Signature of Cha Incorporator: Printed Name:	irman, Vice Chai Grave Ru Grave Lither	ioman, Director, O <i>lus</i> Title:	Mod	eters or Officers	have not bee	n selected.	an
Required Signa	ture(s) on behalf	f of Other Busine	ss Entity: [See b	elow for require	ed signature(s	s).]	
Signature:	rave lule	h		· · · · · · · · · · · · · · · · · · ·			
Printed Name:	Grave R.	ike/	Title:Q	uthorized	Represen	stative	
Printed Name:			Title:				
Signature:							
Printed Name:			Title:				
Signature:		· · <u> </u>					
Printed Name:_			Title:				
Signature:	<u>-</u>	· · · · · · · · · · · · · · · · · · ·				-	
Signature:			 			N N	
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		or Limited Liabi				्र • । । • ।	
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	ted Partnership (LL General Partne	<mark>or Limited Liabi</mark> ers.	lity Limited Part	nership:		100	4
	ted Liability Cor lember or Author	mpany: ized Representativ	/c.				
All others: Signature of an	authorized person	1.					
Fees for Certifie	ate of Conversion Florida Articles of Copy: ate of Status:		\$35.00 \$70.00 \$8.75 (Opti \$8.75 (Opti				

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

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
653 Staffordshir Drive East		
Jacksmille Fr 32225		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	-	
wedding videography		
	7. VI. 65	}
•		3 7
		79
	· · · · · · · · · · · · · · · · · · ·	1:0
ARTICLE IV SHARES The number of shares of stock is:	a shures	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS	
Name and Title: Grace Lither Outhorized land	what Name and Title:	
Address: 653 Staffirdshire Drive Eas	Address:	·
Cocknowle, FL 37725		
Name and Title:		
Address: '	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

ARTICE!	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	Γ acceptable) of the registered agent is:
Name:	Grace Ridh	
Address:	653 Staffurthire Dr. East	三
	i belease ville FC	
ARTICL. The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Grace Richer	
Address:	653 Staffordhire Dr. Pask	
	Sacksonalle, Pr 3225	
******* Having be this certifi	********************************** een named as registered agent to accept se. icate, I am familiar with and accept the app	******** ***** **** *** *** *** *** **
	Required Signature/Registered Agent	
I submit i documen	this document and affirm that the facts sta t to the Department of State constitutes a th	ted herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
<u> </u>	Required Signature/Incorporator	<u>4/23/18</u> Date