## P19000030094

| (Requestor's Name)                      |                   |                 |  |  |
|---|-------------------|-----------------|--|--|
| (Address)                               |                   |                 |  |  |
| (Address)                               |                   |                 |  |  |
| (Cit                                    | y/State/Zip/Phone | <del>;</del> #) |  |  |
| 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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SECRETARY OF STATE TALLAHASSEE BEIGGE

APR 0 8 2019

K. Brumbley

## COVER LETTER

| TO:                       | Charter Section Division of Con  |  |                              |                              |  |                 |
|---------------------------|--|--|------------------------------|------------------------------|--|-----------------|
| SHRI                      | ECT: Florida Arts  | : Academy, Inc                                     |                              |                              |  |                 |
| SUBJ                      | ECT  | Name of  | Resulting Flo                | rida Profit                  | Corporation  |                 |
|                           |  | c of Conversion, Articles Profit Corporation in ac |                              |                              | ces are submitted to convert and 15, F.S.  | "Other Business |
| Please                    | e return all corresp   | condence concerning this                           | s matter to:                 |                              |  |                 |
| Dru R                     | labin  |  |                              |                              |  |                 |
|                           |  | Contact Person                                     |                              |                              |  |                 |
| Florid                    | la Arts Academy, Ir  | e.   |                              |                              |  |                 |
|                           | <u>.</u>   | Firm/Company                                       |                              |                              |  |                 |
| 8331.                     | 39th Ave N   |  |                              |                              |  |                 |
|                           |  | Address  |                              |                              |  |                 |
| St. Pe                    | tersburg, FL 33709   |  |                              |                              |  |                 |
|                           |  | City, State and Zip Cod                            | c                            |                              |  |                 |
| dru′ <i>ĝ</i> :           | stpetemad.com  |  |                              |                              |  |                 |
|                           | E-mail address: (t   | o be used for future annu                          | ual report noti              | fication)                    |  |                 |
| For fu                    | irther information   | concerning this matter,                            | please call:                 |                              |  |                 |
| Dru R                     | tabin  |  | 727<br>at (                  | 453-0                        | 029  |                 |
|                           | Name of Co   | ontact Person                                      | Are                          | a Code and                   | l Daytime Telephone Number   |                 |
| Enclo                     | sed is a check for   | the following amount:                              |                              |                              | ,  |                 |
| <b>51</b> 0               | 05.00 Filing Fees  | □\$113.75 Filing Fees and Certificate of Status    | ☐\$113.75 F<br>and Certified |                              | Certified Copy, and<br>Certificate of Status   |                 |
| New I<br>Divisi<br>Clifto | EET ADDRESS:<br>Filings Section<br>ion of Corporation<br>on Building<br>Executive Center |  |                              | New F<br>Division<br>P. O. F | ING ADDRESS:<br>filings Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 |                 |

Tallahassee, FL 32301

## Certificate of Conversion For \*Other Business Entity\*\* Into Florida Profit Corporation

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:   |
|--|
| PLAY Performing Arts 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)   |
| (Enter state, or it a non-U.S. entity, the name of the country)  11/09/2016  |
| on   |
| Enter date "Other Business Entity" was first organized, formed or incorporated   |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Florida Arts Academy, 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 Florid Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporatio 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



| Signed thisday of  | . 20  |
|--|---|
| Required Signature for Florida Profit Corporation  | <u>u</u>  |
| Signature of Chairman, Vice Chairman, Director, Offi<br>Incorporator:  Printed Name: Andrew Rabin Title: Owner | icer, or, if Directors or Officers have not been selected, ar |
| Required Signature(s) on behalf of Other Business  | Entity: [See below for required signature(s).]                |
| Signature:   |   |
| Printed Name: Andrew Rabin   | Title: Owner, Director  |
| 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 Liabilit<br>Signature of one General Partner.                        | v Partnership:  |
| If Florida Limited Partnership or Limited Liability  | y Limited Partnership:  |
| Signatures of <u>ALL</u> 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: Fees for Florida Articles of Incorporation:                                  | \$35,00<br>\$70,00  |
| Certified Copy: Certificate of Status:   | \$8.75 (Optional)<br>\$8.75 (Optional)                        |

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

| The name of the corporation shall be:  The name of the corporation shall be: |                                   |  |  |  |
|--|-----------------------------------|--|--|--|
| ARTICLE IIPRINCIPAL OFFICE   |                                   |  |  |  |
| The principal place of business/mailing address is:                          |                                   |  |  |  |
| Principal street address   | Mailing address, if different is: |  |  |  |
| 1920 1st Ave S   | 8331 39th Ave N                   |  |  |  |
| St. Petersburg, FL 33712   | St. Petersburg, FL 33709          |  |  |  |
| ARTICLE III PURPOSE  |                                   |  |  |  |
| The purpose for which the corporation is organized is: Education             |                                   |  |  |  |
|  |                                   |  |  |  |
|  |                                   |  |  |  |
|  |                                   |  |  |  |
|  |                                   |  |  |  |
|  |                                   |  |  |  |
|  |                                   |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |                                   |  |  |  |
| ADOTOL D. W  |                                   |  |  |  |
| ARTICLE IV SHARES The number of shares of stock is:                          |                                   |  |  |  |
| ARTICLE V INITIAL OFFICERS AND/OR D  | OFFICTORS                         |  |  |  |
| Name and Title: Andrew Rabin, CEO  | Name and Title:                   |  |  |  |
| Address: 8331 39th Ave N   |                                   |  |  |  |
| St. Petersburg, FL 33709   |                                   |  |  |  |
| Name and Title:  | Name and Title:                   |  |  |  |
| 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: Andrew Rabin Name: 1920 1st Ave S Address: St. Petersburg, FL 33712 ARTICLE VII *INCORPORATOR* The name and address of the Incorporator is: Andrew Rabin Name: 1920 1st Ave S Address: St. Petersburg, FL 33712 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 03/28/2019 Required Signature/Registered Agent 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. 03/28/2019

Date

Required Signature/Incorporator