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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomico Living, reality,
(Document Number)
(Social Name)
Continued Continued Continued of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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LVV27000140041

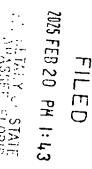
Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co					
SUBJECT:	Song Me. (Name of Res	<u>dea</u> Úα.	od Company	_C.	 .
The enclosed Articles Business Entity" into	of Conversion, Artic a "Florida Limited Li	les of Organizati ability Company	on, and fe	es are submitted (dance with s. 605	to convert an "Other 5.1045, F.S.
Please return all corre	spondence concerning	g this matter to:			
Nancy Ar	(Contact Person)	/ 2			
Ding Theo	(Firm/Company)	<u> </u>			
6214 Wark	Par Lave				
Lakerrad	Parch, Fl ty. State and Zip Code)	34202			
Mineuarla	The Ofma used for future annual rep	oort notifications)			
For further information	n concerning this mat	ter, please call;			
Name of Contact	Person)	at (<u>513</u> (Area Code)	$\frac{519}{\text{(Daytime)}}$	- (5/5/7 Telephone Number)	
Enclosed is a check for dollars and drawn on a	r the following amour bank located in the U	nt: (All checks p United States)	ocessed b	y this office musi	t be payable in US
(\$25 for Conversion	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Copy	⊄	5185.00 Filing Fees, tiffed Copy, and tiffcate of Status	
Mailing Addre New Filing Sec Division of Cor	tion	ì	Street Ado New Filing Division o		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the follows: "Other Business Entity" into a Florida Limited Liability Company in accordance with 8.605.1045. The Statutes.

Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Source MEDIA Brooks Entity L.C. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 12/3/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: SONIR MEDIA GROUP, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company) 4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cmb of 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 document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this // En day of En La	1001 20 Nort
Signature of Authorized Representativ	e of Limited Liability Company:
	<u> </u>
Signature of Authorized Representative:	Marchilata
Signature of Authorized Representative: Printed Name: Neuros Arlo let	/Title: Describe
٠,٠	·
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Some Of patt	Title: Director
Signature: Carpus Colleges	· · · · · · · · · · · · · · · · · · ·
Printed Name: 1/2/10/14	Title: Director
Signature:	
Printed Name:	Title:
``.	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
	• • •
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must fontain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Lakewood Rawl, F1 3400	531+ Fruitvilk Ron(#45 Sernsota, Fl 34030
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent arc:
Namy Arlot	AND THE PER PER PER PER PER PER PER PER PER PE
\ Name	20 Z
<u>6214 Warbler</u> Florida street address (P.O	Box NOT acceptable) Box NOT acceptable)
Lake were Kand	Box NOT acceptable) FL 34xxx Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Ampe	Mary Arlota 1914 + Carbler Lave 1990 Hersand akeriand Rom 3
	3
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	Dolla.
This document is executed in accordance v	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that the to the Department of State constitutes a third depose Class
Navy Arlota	ed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)