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(Red	questor's Name)		
(Add	dress)		
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(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	iling Officer:		





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ALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

9390 Aloran Dr

April 1, 2024

VLADIMIR AUGUSTIN 9390 ALGEAR DR

BOCA RÁTON, FL 33496 US

SUBJECT: THE COMMISSION ENTERTAINMENT

Ref. Number: W24000051708

We have received your document for and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The filing must contain the name as the converting name as it is listed on sunbiz for the filing being converted.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 924A00006910

COVER LETTER

TO:	New Filing S Division of C	Corporations			
SURI	ECT:	Time	Commission	PM	
501			lame of Resulting Flori		
				a, and fees are submitted to convert the s. 607.11933 & 607.0202, F.S.	following eligible
Please	e return all corre	espondence concer	ning this matter to:		
	Wad	imir A	rigustin		
		Contact Per	rson		
	The	L Commis	Trion Ent.		
	·	Firm/Comp	any		
2	390 Aca	car Or			
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	E-mail address:	to be used for fut	ure annual report notifi	ication)	
For fu	irther information	on concerning this	matter, please call:		
	adinip	Augustin	at () 76 6012 Code and Daytime Telephone Number	
	Name of	Contact Person	Area	Code and Daytime Telephone Number	r
Enclo	sed is a check f	or the following ar	nount:		
⊠ \$1	05.00 Filing Fe	es □\$113.75 Filin and Certificate Status	•	•	
	Mailing Ad New Filing			Street Address: New Filing Section	
	Division of	Corporations		Division of Corporations	
	P.O. Box 63 Tallahassee			The Centre of Tallahassee	n
	i ananassee.	, I L 34314		2415 N. Monroe Street, Suite 810	J

Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into

Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
The Commission Enter-lainment Limity Cabitity Compani
Enter Name of the Converting Entity
2. The converting entity is a LLC Limited Linbility (DMPARY)
(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. antity the name of the country)
(Effect state, of it a non-old, the name of the country)
on (0/17/12
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> The Commission Entertain mont Corporation
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 days after 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 will not be listed as the document's effective date on the Department of State's records

Signed thisday of March	, 20 24
Required Signature for Florida Profit Corporation	
Signature of Director, Officer, or, if Directors or Officer	·
Printed Name: Vadimik Hugusin Title:	
Required Signature(s) on behalf of Converting Flogrampanies: [See below for required signature(s).]	rida partnerships, limited partnerships, and limited liability
Signature: Nadimil Hugustin	
Printed Name: Vladimik Hugustin	Title:
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 Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall be: O	mnirrion	Envertainment	Corporation
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
Principal street address 9390 Regean Dr		Mailing address, if different is:	
Boca Renton FC 37496			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Type ward gament &	Branding		
ARTICLE IV SHARES The number of shares of stock is:			
Name and Title: Vadimik Hugustin			
Address: 4390 Hegen Dr	Address:		
Soca Petton FL 33491 Name and Title:	-		
Address:			
Name and Title:	. Name and Title:		
Address:			
	-		

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Vallance Augustin Address: 9390 Hegen Degree Board Teacher Ft 33 496 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

TICKLE STATE OF STATE