

L 06000 120391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

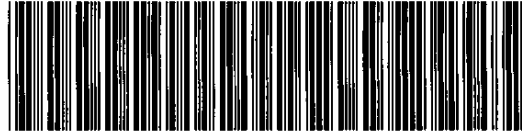
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sonstate Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Wild Rose of Maine Inc.
(Corporation Name) (Document #)
2. into
(Corporation Name) (Document #)
3. Wild Rose of Maine LLC
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☒ Other Conversion

Examiner's Initials

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other business Entity"** into a **Florida Limited Liability Company** in accordance with § 608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

_____ Wild Rose of Maine, Inc. _____

P65000128971

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity Type. Example: corporation, limited partnership, sole proprietorship, 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 September 16, 2005
(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:

4. The name of the Florida Limited Liability company as set forth in the **attached Articles of Organization**:

_____ Wild Rose of Maine, LLC _____

(Enter Name of Florida Limited Liability Company)

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 Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 18th day of December, 2006.

Signature of Authorized Person: Lawrence A. Kellogg

Printed Name: Lawrence A. Kellogg Title: Member

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION
OF
WILD ROSE OF MAINE, LLC

FILED
06 DEC 19 PM 4:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the Florida Limited Liability Company Act, Chap. 608, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as Articles of Organization of the purpose of creating a corporation under the laws of the State of Florida.

ARTICLE I

NAME

The name of the limited liability company (the "Company") shall be Wild Rose of Maine, LLC. and the principal place of business and mailing address of this corporation shall be:

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of this Company shall be:

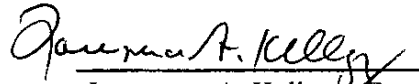
Four Seasons Tower, 15th Floor
1441 Brickell Avenue
Miami, Florida 33131-3407

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE

The name and street address of the registered agent of the Company is Lawrence A. Kellogg, Esq. Whose address is Four Seasons Tower, 15th Floor, 1441 Brickell Avenue, Miami, Florida 33131-3407.

Having been named as Registered Agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby acknowledge that I am familiar with the obligations imposed upon a Registered Agent by Section 608 of the Florida Statutes and I agree to accept the appointment as Registered Agent, and to comply with the provisions of all statutes relating to the proper and complete performance of my duties.


Lawrence A. Kellogg, Esq.
Registered Agent

ARTICLE IV
MANAGEMENT AND MEMBERS

The Company is to be managed by a member manager and the name of the member is:

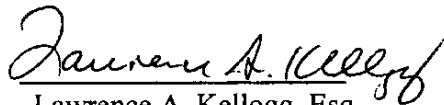
Name

Lawrence A. Kellogg

Address

Four Seasons Tower, 15th Floor
1441 Brickell Avenue
Miami, Florida 33131-3407

IN WITNESS WHEREOF, the undersigned, a member of this Company, has executed these Articles or Organization on behalf of this Company in accordance with section 608.408(1)(a) of the Act.



Lawrence A. Kellogg, Esq.

Dated: December 15th, 2006

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)