113000/67892

(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:	

Office Use Only



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SECRETARY OF STATE

DEC - 4 2013

T. BROWN

James A. Chamblin Midway Financial, LLC 1620 North State Road 53 Madison, Florida 32340

November 20, 2013

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sirs or Ma'ams,

I am providing this cover letter with my forms requesting to convert Midway Financial, LLC, a Delaware LLC to a Florida LLC. The Tax ID number is 200133494.

Our company, Midway Financial, LLC was originally formed in the state of Florida as Midway Financial Corporation. Please see FL document number P03000078272, on July 14, 2003. Then on April 13, 2006, we converted the company to a Delaware LLC, please see Document number M06000002131 and or M06000002133. It is our desire at this time to convert the company to a Florida LLC. I have filled out and sent the required conversion forms with this letter.

Please note that the effective date is to be January 1, 2014.

It is our desire to retain the name Midway Financial, LLC and to continue to use it as our company name. Please advise if there are any problems in doing this.

Sincerely,

James A. Chamblin

Manager, Midway Financial, LLC

James a. Chamber

COVER LETTER

TO:	Registration of Division of	n Section f Corporations		
SUBJ	JECT: Mid	way Financial, LL	С	
	·		of Resulting Florida Lim	ited Company)
"Othe	er Business E		Limited Liability Co.	tion, and fees are submitted to convert an mpany" in accordance with s. 608.439, F.S
Jimn	ny Chambli	n		
	-	(Contact Person)		
Midw	ay Financia	al, LLC		
		(Firm/Company)		
1620	North State	e Road 53		
		(Address)		
Mad	ison, Flori	da 32340		
		(City, State and Zip Code	e)	
	nblin56@a			
E-mail	address: (to be	used for future annual rep	ort notifications)	
For fi	urther inform	ation concerning this r	natter, please call:	
Jimm	ny or Jan Cha	ımblin	at (_850)	464-0889
*	(Name of Co	ontact Person)		and Daytime Telephone Number)
Enclo	sed is a chec	k for the following am	ount:	
—(\$25 fc & \$12:	00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fee and Certified Copy	, , , , , , , , , , , , , , , , , , ,
STRI	EET ADDRI	ESS:	MAILI	NG ADDRESS:
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations P. O. Box 6327	
Clifton Building 2661 Executive Center Circle			see, FL 32314	
Tallal	hassee, FL 3	2301		•

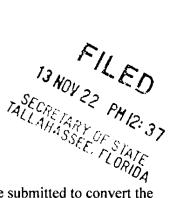
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is:
Midway Financial, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC .
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of the State of Florida Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
on 4-13-2006
(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:
the Commonwealth of Delaware, effective April 13, 2006 Florida.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Midway Financial, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: January 1, 2014 (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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 20th day of November	20 <u></u>
Individual signing affirms that the facts sta constitutes a third degree felony as provide	
Signature of Member or Authorized Represe Printed Name: James A. Chamblin	entative: fames U. Camples (Title: Manager
this document are true. Any false informatis.817.155, F.S. See below for required sign	
Printed Name: James A. Chamblin	Title: MGRM
Signature Chambs	Title: MGRM
Signature:Printed Name:	Title:
	Title:
Signature:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected	
If Florida General Partnership or Limited Signature of one General Partner.	<u>Liability Partnership:</u>
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Midway Financial, LLC	
(Must end with the words "Limited Liability Company, the	ne abbreviation "L.L.C.," or the designation "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1620 North State Road 53	1620 North State Road 53
Madison, Florida 32340	Madison, Florida 32340
The name and the Florida street address of James A. Cham	
	Name
1620 North Sta	te Road 53
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Madison	FL 32340
	City, State, and Zip
company at the place designated in this certi	to accept service of process for the above stated limited liability ficate, I hereby accept the appointment as registered agent and to comply with the provisions of all statutes relating to the

agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV	- Manager(s)	or Managing	Member(s):
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The name and address of each Manager or Managing Member is as follows:

<u>litle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	nber
MGRM	James A. Chamblin
	1620 North State Road 53
	Madison, Florida 32340
MGRM	Janet S. Chamblin
	1620 North State Road 53
	Madison, FLorida 32340
(Use attachment if necessary	v)
(020 0000000000000000000000000000000000	,,
TICLE V: Effective date, if or	ther than the date of filing: January 1, 2014.
	(OPTIONAL)
	prior to nor more than 90 days after the date this document is filed by
<u>-</u>	e; AND 2) must be the same as the effective date listed in the attached
tificate of Conversion, if an e	ffective date listed therein.)
OHIDED SIGNATUDE.	
QUIRED SIGNATURE:	_
<i>V</i>	\bigcap \bigcap
James W.	L'amily'
Signature of a member	er or an authorized representative of a member.
V	
	108(3), Florida Statutes, the execution of this document constitutes an affirmation under acts stated herein are true. I am aware that any false information submitted in a
	State constitutes a third degree felony as provided for in s.817.155, F.S.)

Page 2 of 2

James A. Chamblin
Typed or printed name of signee