12000093004

| (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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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: ABHA INTERNATION | NAL, LLC | |
| (Name o | of Resulting Florida Lim | ited Company) |
| "Other Business Entity" into a "Florida I | Limited Liability Co | ation, and fees are submitted to convert an impany" in accordance with s. 608.439, F.S |
| Please return all correspondence concern | ling this matter to: | |
| RICHARD J. SCHOLZ | | |
| (Contact Person) | | |
| JACOBS SCHOLZ & ASSOCIATES | | |
| (Firm/Company) | | |
| 961687 GATEWAY BLVD. STE 201- | -1 | |
| (Address) | | |
| FERNANDINA BEACH, FL 320 | 34 | |
| (City, State and Zip Code | e) | |
| paulkarshis@abhausa.com | | |
| E-mail address: (to be used for future annual repo | ort notifications) | |
| For further information concerning this n | natter, please call: | |
| RICHARD J,. SCHOLZ, ESQ. | at (904) | 261-3693 |
| (Name of Contact Person) | /, | nd Daytime Telephone Number) |
| Enclosed is a check for the following am | ount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fee and Certified Copy | |
| STREET ADDRESS: | MAILI | NG ADDRESS: |
| Registration Section | | tion Section |
| Division of Corporations Clifton Building | Division P. O. Bo | of Corporations |
| 2661 Executive Center Circle | | x 0327 see, FL 32314 |
| Tallahassee, FL 32301 | | |

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

12 JUL 17 AH 10: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: ABHA INTERNATIONAL, LLC M12-663 |
| (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company . |
| (Enter entity type. Example: corporation, limited partnership, |
| general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Massachusetts |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on April 26, 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: |
| NA |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| ABHA INTERNATIONAL, 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.) |
| 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 <u>3RD</u> day of <u>JULY</u> | 20_12 | | | |
|---|---|--|--|--|
| Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. | | | | |
| Signature of Member or Authorized Represe Printed Name: PAUL F. KARSHIS | entative: Title: MANAGING MEMBER | | | |
| Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).] | | | | |
| Signature: Na Call | | | | |
| Printed Name: PAUL F. KARSHIS Signature: Live N. Land | Title: MANAGING MEMBER | | | |
| Printed Name: ANNE D, KARSHIS | Title: MANAGING MEMBER | | | |
| | | | | |
| Printed Name: | Title: | | | |
| Signature:Printed Name: | Title: | | | |
| Signature: | 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 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

| ARTICLE I - Name: The name of the Limited Liability Company | y is: | |
|--|--|--|
| ABHA INTERNATIONAL, LLC (Must end with the words "Limited Liability Company, the | | |
| 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: | |
| 1417 SADLER ROAD #239 | 1417 SADLER ROAD #239 | |
| AMELIA ISLAND, FLORIDA 32034 | AMELIA ISLAND, FL 32034 | |
| (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another | |
| The name and the Florida street address of t | ne registered agent are: | |
| RICHARD J. SCHOLZ, ESQ. | | |
| | Name | |
| 961687 GATEW | VAY BLVD, STE 201-i | |
| Florida street add | ress (P.O. Box NOT acceptable) | |
| FERNANDINA BEA | ACH FL 32034 | |
| | City, State, and Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and 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 fin Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

| <u>Title:</u> | Name and Address: | |
|--|---|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Membe | r | |
| Working Managing Memor | • | |
| MGRM | DALLY TO MADCHITC | |
| MGRM | PAUL F. KARSHIS | |
| | 95049 Whistling Duck CIrcle | |
| · · | Amelia Island, FL 32034-5380 | |
| | | |
| MGRM | ANNE D. KARSHIS | |
| 710141 | 95049 Whistling Duck Circle | |
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| | Amelia Island, FL 32034-5380 | |
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| (Use attachment if necessary) | | |
| | | |
| ARTICLE V: Effective date, if othe | r than the date of filing: | |
| | · (OPTIONAL) | |
| (The effective date: 1) cannot be pri | ior to nor more than 90 days after the date this document is filed by | |
| | ND 2) must be the same as the effective date listed in the attached | |
| Certificate of Conversion, if an effective | | |
| Certificate of Conversion, if an effect | tive date listed therein.) | |
| DECLUDED CLONATURE | | |
| REQUIRED SIGNATURE: | • | |
| | | |
| | | |
| Pulco. Il | | |
| Signature of a member o | r an authorized representative of a member. | |
| | | |
| (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. 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.) | |
| \mathcal{O}_{α} \mathcal{I} I | | |
| Typed or printed name of signee | | |
| Tv | ned or printed name of signee | |
| - 5 | ped of printed hame of signee | |