# L14000196927

(Reque	stor's Name)
(Addres	ss)
(Addres	ss)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



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DEPANTMENT OF STATE 2014 DEC 30 PH 1

DEC 31 2016

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature  Requested by: SETH 12/20/14	
Signature	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File Courses Sion
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	•
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Continued of French States
	Corp Record Search
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12/30/14	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### COVER LETTER

TO: Registration S Division of C					
SUBJECT: Chappe	all Schools, LLC				
	(Namo	of Resulting Florida	Limited Company	)	
	s of Conversion, Artic a "Florida Limited Li				
Please return all corre	espondence concernin	g this matter to:			
Heather Quinn			•		
	(Contact Person)				
Korn & Zehmer, P.	A.				
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)				
822 A1A North, Su	ite 315				
	(Address)				
Ponte Vedra Beach	r Florida 32082				
(0	City, State and Zip Code)	<del></del>			•
hlippes@bellsouth.					
E-mail Address: (to b	e used for future annual re	port notifications)			
For further information	on concerning this ma	tter, please call:			
John Zehmer		_at (904)	280-0005		
(Name of Conta	ct Person)	(Area Code)	(Daytime Teleph	ione Number)	
Enclosed is a check f	or the following amou	nt:	٠.		
\$\Bigcup \\$150.00 \text{ Filing Fees}\$\$ (\$25 \text{ for Conversion}\$\$ \& \$125 \text{ for Articles}\$\$ of Organization)\$\$	\$155,00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	Certified (	0 Filing Fees, Copy, and e of Status	2014
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	Registra Division P. O. Bo	NG ADDRESS tion Section of Corporation x 6327 see, FL 32314	ns	DEC 30 PHI2:

# Articles of Conversion For "Other Business Entity"

#### Florida Limited Liability Company

The Articles 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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Artic The Chappell Schools, Inc.	eles of Conversion is:
(Enter Name of Other Business Entity)	<b>→</b> *
2. The "Other Business Entity" is a Corporation	
(Enter entity type. Example: corporation, limited partnership general partnership, common law or business trust, etc.)	_· ,
First organized, formed or incorporated under the laws of	
08/09/1965 (Enter state, or it a non-U.S. entity, the	e name of the country)
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	ticles of Organization:
Chappell Schools, LLC	<b>_</b> .
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 12/31/2014	<u> -</u> ·
(The effective date: 1) cannot be prior to date of receipt or filed date nor more that date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the date listed in the attached Articles of Organization, if an effective date is listed the	e same as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	
Page 1 of 2	

Signed this 29th day of December	20_14		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative: Printed Name: Harold Lippes	Title: Personal Representative		
Signature(s) on behalf of Other Business Entity:   Signature:	See below for required signature(s).]		
Printed Name: Harold Lippes	Title: Manager		
Signature: M- Gland Arcalmi 2014.12.23 164930-0500.	Titto manage		
Printed Name; Glanni Arcaini	Title: Manager		
Signature: Printed Name: James Kern			
LUlifed Lanie: Adding (791)	Titte: Ividiladol		
Signature:	Trisle.		
1 Utffed Latifick	T fire:		
Signature: Printed Name:	Title		
1 Ullied Marris!			
Signature:			
Printed Name;	_ Title:		
<u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, or ( If Directors or Officers have not been selected, an Inc			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
<u>If Florida Limited Partnership or Limited Liabilit</u> Signaturos of <u>ALL</u> General Partners.	y Limited Partnership:		
<u>Ail others:</u> Signature of an authorized person.	,		
Pees:			
Articles of Conversion: Fees for Florida Articles of Organization; Certified Copy; Certificate of Status;	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

2014 DEC 30 PM 12: 09

Page 2 of 2

Signed this 29th day of <u>December</u>	20 14
Signature of Authorized Representative of Limit	ited Liability Company:
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: Harold Lippes	Title: Personal Representative
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	
Printed Name: Harold Lippes	Title: Manager
/	
Signature: Printed Name: Glanta Arcanal	
\ W J ( W ) ( A)	Title: Manager
Signature: All Manager Marin	
Signature: Printed Name: James Kern	Title: Manager
Trinted Ivaine. advisory voice.	Title, Wanager
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
	corporator must sign,
<u>If Florida General Partnership or Limited Liabili</u>	tv Partnershin:
Signature of one General Partner.	<del></del>
-	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership;
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fccs:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Continuate of Status.	42.00 (Obriginal)

Page 2 of 2

2014 DEC 30 PH I2: 09

## FOR CHAPPELL SCHOOLS, LLC

#### ARTICLE I

The name of this Limited Liability Company is: Chappell Schools, LLC (hereinafter referred to as the "Company").

#### ARTICLE II

The street address and mailing address of the principal office of the Company is: 8400 Baycenter Road, Jacksonville, Florida 32246.

#### ARTICLE III

The period of duration for the Company shall begin as of the effective date for the filing of these Articles of Organization, and shall continue indefinitely until the occurrence of any event which requires the dissolution of the Company under applicable law or as otherwise set forth in the Operating Agreement for the Company.

#### ARTICLE IV

The street address of the initial registered office of the Company is: 700 Ponte Vedra Lakes Boulevard, Ponte Vedra Beach, Florida 32082, and the name of the initial registered agent of the Company at that address is Harold Lippes.

#### ARTICLE V

The Company is to be managed by one or more managers, and is therefore a managermanaged company. The number of managers shall not be less than one (1), but may be such greater number as appointed by the Members from time to time in accordance with the Operating Agreement of the Company. Initially, there shall be three (3) managers, whose names and addresses are:

<u>Name</u>	Address	7014	,
Harold Lippes	8400 Baycenter Road Jacksonville, Florida 32246	DEC 30	THE PROPERTY.
Gianni Arcaini	8400 Baycenter Road Jacksonville, Florida 32246		
James Kern	8400 Baycenter Road Jacksonville, Florida 32246	<b>6 9</b>	Hera ef

THE UNDERSIGNED, being the initial Member of the Company, hereby makes, subscribes, acknowledges and files these Articles of Organization, and in accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. The undersigned is aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. The undersigned accordingly has hereunto set his hand and seal this 29th day of December, 2014.

Estate of Katheryne Chappell Drennon

Name: Harold Lippes

Title: Co-Personal Representative

Glanni Arcaini - 2014.12.23 15:49:37 -05'00'

By: Name: Gianni Arcaini

Title: Co-Personal Representative

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113(2), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Chappell Schools, LLC.
- 2. The name and address of the registered agent and office is:

Harold Lippes 700 Ponte Vedra Lakes Boulevard Ponte Vedra Beach, Florida 32082

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 in Chapter 605, Florida Statutes.

Harold Lippes