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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Med's Pool Service, LLC	<u> </u>
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dale S. Wilson, Attorney at Law	
(Name of Person)	
Dale S. Wilson, P.A.	
(Firm/Company)	
PO Box 1808	
(Address)	-
Green Cove Springs, FL 32043	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Dale S. Wilson at (904) 284-5618	.0 5
(Name of Person) (Area Code & Daytime Telephone Number)	30
STREET ADDRESS: MAILING ADDRESS:	O3 DEC -3 PM 2: 27
Registration Section Registration Section	-
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:
Med's Pool Service (G91255000040)
SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are: A. Date: September 12, 1991 B. Jurisdiction: Florida C. If different from the above noted jurisdiction, the jurisdiction immediately prior to
its conversion: THIRD: The name of the limited liability company as set forth in the attached articles of organization is: Med's Pool Service, LLC
lander lund
Signature of a Member or 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.) Marshall C. Medbury
Typed or Printed Name of Signee
FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Addre The mailing address as		orincipal office of the Lin	nited Liability	Company is:
Principal Office Add	ress:	Mailing Add	ress:	
1274 Blanding Blvd.		1274 Blanding	Blanding Blvd.	
Orange Park, FL 32065		Orange Park, 1	FL 32065	
	stered Agent, Registere	d Office, & Registered registered agent are:	Agent's Sign	<u>ت</u>
			Agent's Sign	<u>ت</u>
	rida street address of the	registered agent are:	Agent's Sign	ature: 03 DEC -3
	rida street address of the Marshall C. Medbury	registered agent are:	Agent's Sign	03 DEC -3
	rida street address of the Marshall C. Medbury Nam 1274 Blanding Blvd.	registered agent are:	Agent's Sign	03 DEC -3
	rida street address of the Marshall C. Medbury Nam 1274 Blanding Blvd.	registered agent are:	Agent's Sign	<u>ت</u>

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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, Florida Statutes..

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 Member		
MGR	Marshall C. Medbury	
	1274 Blanding Blvd.	<u> </u>
	Orange Park, FL 32065	
MGRM	Michael B. Hoyt	
· ·	548 Lancaster Street	-
	Jacksonville, FL 32204	_
MGRM	Rick Lunsford	
	4180 Redfox Road	-
	Orange Park, FL 32073	
		_
		. :
(Use attachment if necessary)		
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NOTE: An additional article must be	added if an effective date is requested.	3 00 X E
REQUIRED SIGNATURE:		- 3 93 SI
	1 16	2:2:
learn all	Med	27
Signature of a member or an a	uthorized representative of a member.	
	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	
Marshall C. M	ledbury inted name of signee	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)