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DEPT. OF STATE
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 795376 4343687

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : July 8, 2004

ORDER TIME : 1:33 PM

ORDER NO. : 795376-005

CUSTOMER NO: 4343687

CUSTOMER: Drew Lagrande
Gassman, Bates & Associates,
Suite 102
1245 Court Street
Clearwater, FL 33756

FILED
04 JUL -8 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF CONVERSION
and
ARTICLES OF ORGANIZATION

NAME: SMITH FAMILY, L.L.P.

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER'S INITIALS: _____

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached Statement of Qualifications 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:

SMITH FAMILY, L.L.P.

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

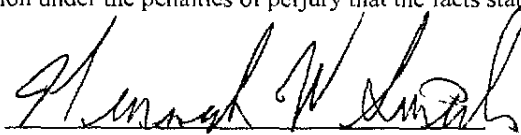
- A. Date: 7-6, 2004
- B. Jurisdiction: FLORIDA
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: _____

THIRD: The name of the limited liability company as set forth in the attached Articles of Organization are:

SMITH FAMILY, L.L.C.

Signature of a Manager

(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.)



KENNETH W. SMITH

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.)
INHS11(10/99)

J:\S\Smith, Kenneth W\DOCTAMP\Certificate of Conversion.wpd
jas 4-1-04

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Audit Fax No: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **SMITH FAMILY, L.L.C.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12040 Smith Dairy Road, Brooksville, FL 34601

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DREW LAGRANDE, ESQUIRE

Name

1245 Court Street, Suite 102

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

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 in Chapter 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

DREW LAGRANDE, ESQUIRE

J:\S\Smith, Kenneth W\DOCTAMP\ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED.wpd
jas 7--7-04

ARTICLES OF ORGANIZATION

Drew LaGrande, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 227330
Audit Fax #: _____

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