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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	RCM Enterp	orises. LC		
SUBJECT			Liability Company)	
The enclose	d Articles of Organization	and fee(s) are su	ibmitted for filing.	
Please retur	n all correspondence conce	rning this matte	r to the following:	
		Cł	ris Caswell	
		(1	Name of Person)	
		Christo	pher K. Caswell	, P.A
		O	Firm/Company)	
	2	40 S. Pir	neapple Ave., Si	uite 802
			(Address)	
		Saraso	ota, FL 34236	
			State and Zip Code)	······································
For firether i	nformation concerning this	mattar please	no 11.	
For Immer	mornation concerning this	matter, please t	.a.ii:	
Chri	s Caswell		at (941) 366- (Area Code & Daytime	7727
	(Name of Person)		(Area Code & Daytime	Telephone Number)
Enclosed is	a check for the following	ng amount:		
\$125.001	Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ado Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street/Courier Addresses Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahasses. FL 3230	ons r Circle

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: Th	e name of the unincorporated business immediately prior to filing this documen RCM Enterprises (a general partership)	it was:	:
	The date on which and the jurisdiction in which the unincorporated business watherwise came into being are: Date: 1/1/87 Jurisdiction: Florida If different from the above noted jurisdiction, the jurisdiction immediately p its conversion:		
THIRD: The organization			
	RCM Enterprises, LC	<u> </u>	
	Signature of a Member or an Authorized Representative of a Member	seaf	ferry
	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.)	Kerne Mli B	eld extin lend
	Chris Caswell		
	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)	05 NOV -3 PM 1: 53	SECRETARY OF STATE DIVISION OF CORPORATION

(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

RCM Enterprises, LC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
8900 Wild Dunes Drive	8900 Wild Dunes Drive	
Sarasota, FL 34241	Sarastoa, FL 34241	
(The Limited Liability Company cannot serve as its	s own Registered Agent. You must designate an individ-	Signature: ual or another
business entity with an active Florida registration. The name and the Florida street address Christopher K. C	s own Registered Agent. You must designate an individ.) ss of the registered agent are:	SECRETARY BIVISION OF CO
The name and the Florida street address Christopher K. C 240 S. Pineapp	s own Registered Agent. You must designate an individual.) ss of the registered agent are: saswell, P.A. Name sle Ave, Suite 802	SECRETARY OF ST BIVISION OF CORPORI
The name and the Florida street address Christopher K. C 240 S. Pineapp	s own Registered Agent. You must designate an individual.) ss of the registered agent are: saswell, P.A. Name	SECRETARY OF ST BIVISION OF CORPORI
The name and the Florida street address Christopher K. C 240 S. Pineapp Florida	s own Registered Agent. You must designate an individual.) ss of the registered agent are: saswell, P.A. Name sle Ave, Suite 802	SECRETARY OF STATE BIVISION OF CORPORATE OS NOV -3 PM 1:

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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

"MGR" = Man			
" DAI - LZ DA" - DAI	ager anaging Member		
MIGKINI — MI	anaging Member		
MGRM		Ronald D. Martin	
		8900 Wild Dunes Drive	
		Sarasota, FL 34241	
MGRM		Suzanne Gail Martin	
		8900 Wild Dunes Drive	
		Sarasota, FL 34241	
(Use attachmen			
ffective date is l	isted, the date must b	e date of filing: 10/27/05 . (OPTION be specific and cannot be more than five business dates	
ffective date is l days after the	isted, the date must b date of filing.)		
ffective date is l	isted, the date must be date of filing.) IGNATURE:	be specific and cannot be more than five business d	ays
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