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| (Address) | 400009133214 |
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| (Business Entity Name) | 03/31/0601052018 **155.0 |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only

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H. HODGES

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: SKEEZIY & ASSOCIA | TES, UC |
|--|--|
| (Name of Resulting Florida Limited Comp | pany) |
| The enclosed Certificate of Conversion, Articles of Organizate convert an "Other Business Entity" into a "Florida Limited Liaccordance with s. 608.439, F.S. | |
| Please return all correspondence concerning this matter to: | |
| ZACHANY REGIANDSOZ | |
| ZACHANY RECHANNSON (Contact Person) SNEW BERN PROPERTIES (Firm/Company) (Address) | * ·• ±. |
| P.C. Box 856 (Address) | in the state of th |
| SERONA AZ 86339 (City, State and Zip Code) | |
| For further information concerning this matter, please call: ZACHANY (SCHANNSCL at (56/) (Name of Contact Person) (Area Code at | 445 CO / S |
| Enclosed is a check for the following amount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of and Certified Copy | ees \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Registration SectionRegistratDivision of CorporationsDivisionClifton BuildingP. O. Box | of Corporations x 6327 see, FL 32314 |



April 5, 2006

ZACHARY RICHARDSON SNOWBIRD PROPERTIES P.O. BOX 856 SEDONA, AZ 86339

SUBJECT: SKEEZIX & ASSOCIATES, LLC

Ref. Number: W06000016232

We have received your document for SKEEZIX & ASSOCIATES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

The effective date cannot be prior to 3/31/06, the date received by this office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 106A00023049

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Zachary Richardson P.O. Box 856 Sedona Arizona 86339

April 10, 2006

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee Florida 32301

Via Federal Express Air Bill Number 851143027336

Reference: Conversion of Other Business Entity to Limited Liability Company

Gleneagles Real Estate, LLC Zachary Richardson, LLC Skeezix & Associates, LLC

Please note I have changed the effective date of the above corporations to March 31, 2006 per the instructions.

Thank you for your attention to this matter.

Sincerely,

Zachary Richardson

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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: |
| SKEEZIX & ASSOCIATES, INC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Conponation |
| (Enter entity type. Example: corporation, limited partnership, sole proprietorship, |
| general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of FloranA |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on April 7 1998 (Enter date "Other Business Entity" was first organized, formed or incorporated) |
| (2000, 200, 200, 200, 200, 200, 200, 200 |
| 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: |
| N/A |
| |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| SKEEZIX & ASSOCIATES, LLC |
| (Enter Name of Florida Limited Liability Company) |

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: 3! 1206 (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.)

Signed this 10th day of January 2006.

Signature of Authorized Person:

Printed Name: ZACITANY STCHANNILLE: MANAGENG MEMBER

Fees:

Certificate of Conversion: \$25

Fees for Florida Articles of Organization: Certified Copy:

Certificate of Status:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Registered A Company cannot so a active Florida stree ZACH 2300 | gent, Re serve as its egistration.) | own Registe | SE Office, & | Reg | st desig | A i | | 6 33 |
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| • | C | lity, State, | , and Zip | | | | | |
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| ot the appoint | ment as r | registered | agent and | d agre | ee to c | ict in | this 🚞 | ָרָרָרָ עַסְּוֹ |
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| bligations of m | ny positio | on as regis | stered age | | | | | <u>. </u> |
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| 1 | amed as regis, nited liability of pt the appoint ther agree to c l complete per bligations of n | amed as registered age nited liability company pt the appointment as t ther agree to comply w I complete performanc bligations of my position | City, State, amed as registered agent and to nited liability company at the pla pt the appointment as registered ther agree to comply with the produced complete performance of my dubligations of my position as register 608, F.S. | City, State, and Zip amed as registered agent and to accept sented liability company at the place design pt the appointment as registered agent and ther agree to comply with the provisions of complete performance of my duties, and bligations of my position as registered agent that the provisions of the complete performance of the comple | City, State, and Zip amed as registered agent and to accept service nited liability company at the place designated in pt the appointment as registered agent and agre ther agree to comply with the provisions of all s d complete performance of my duties, and I am bligations of my position as registered agent as Chapter 608, F.S. | City, State, and Zip amed as registered agent and to accept service of pro- nited liability company at the place designated in this pt the appointment as registered agent and agree to a ther agree to comply with the provisions of all statute d complete performance of my duties, and I am famili bligations of my position as registered agent as provi- Chapter 608, F.S | City, State, and Zip amed as registered agent and to accept service of process, and liability company at the place designated in this certippt the appointment as registered agent and agree to act in the agree to comply with the provisions of all statutes related complete performance of my duties, and I am familiar with the province of my position as registered agent as provided for the statute of the province of the provided for the statute of the province of the provided for the province of the provided for the province of the province of the provided for the province of the provin | City, State, and Zip amed as registered agent and to accept service of process for the nited liability company at the place designated in this certificate pt the appointment as registered agent and agree to act in this ther agree to comply with the provisions of all statutes relating to a complete performance of my duties, and I am familiar with and bligations of my position as registered agent as provided for in the chapter 608, F.S. |

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | ZACHAMY RICHAMISON 2300 WEST SAMPLE MAD #2 POMPAND BEACH FL 33073 |
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| | (Use attachment if necessary) |
| | I CON SI MANCH |

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Y SECHANDSON
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)