# L0600061855

(Re	equestor's Name)	
(Ac	ldress)	
•		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		<u>.                                    </u>
PICK-UP	MAIT WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	F711 OFF	
Special Instructions to .	Filing Officer:	

Office Use Only



200076930862

07/05/06--01038--016 \*\*185.00

SECHE FARY OF STATE

BM

### **COVER LETTER**

TO:	Registration Division of O					
SUBJ	ECT:	AuTo mata (Name of Resulting	-d 1	Market,	29_	Systems HC
		(Name of Resulting	g Florida	Limited Co	mpany	)
conve		usiness Entity" into a		_		, and fees are submitted t lity Company" in
Please	e return all cor	respondence concernir	ng this r	natter to:		
		Ronald Snodge	ass			
		(Contact Person)				
		(Firm/Company)  (Address)	eTing	System	s In	ic.
	PMB 1	(Firm/Company)				
	108 So.	71 41 57.			-	
	Cabot	City, State and Zip Code)			-	
	(	City, State and Zip Code)				
For fu	rther informat	ion concerning this ma	atter, pl	ease call:		
	Ronald	Snodoms	at (_	50/	<u>)</u> 9	aytime Telephone Number)
	(Name of Cont	act Person)		(Area Code	and D	aytime Telephone Number)
Enclo	sed is a check	for the following amo	unt:			
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	\$155.00 Filing Fees and Certificate of Status		0.00 Filing ertified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	ET ADDRES	SS:		MAIL	ING A	ADDRESS:
Regis	tration Section			Registr	ation	Section
	on of Corpora	tions				Corporations
	n Building	. C' 1		P. O. B		
	Executive Cen			Tallaha	issee,	FL 32314

#### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

## Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Automated Marketine Sustems Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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 Meyada
(Enter state, or if a non-U.S. entity, the name of the country)
onAugust 13.2004.
on August 13, 2004. (Enter date "Other Business Entity" was first organized, formed or incorporated)
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:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Automated Macketing Systems LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

(The edocument of the control of the	ot effective on the date of filing, enter the effective date: 1) cannot be prior to nor motent is filed by the Florida Department of seven date listed in the attached Articles of Otherein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed	this <u>27 <sup>11</sup></u> day of <u>June</u>	_20 <u><b>06</b></u>
Signat	ure of Authorized Person:	
Printed	Name: Ronald Snodgrass Title	CEO
Fees:	· •	•
	Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Automated Marketing Systems LIC (Must end with the words "Limited Liability Company," Limited Company" or their abbreviation "LLC," or

ARTICLE I - Name:

"L.C.,")

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street add Liability Company is:	dress of the principal office of the Limited	
Principal Office Address:	Mailing Address:	
809 E. Bloomingdale # 393 Brandon, F2. 22511	Ave. 809 E. Bloomings # 393 Brandon, FL. 225	dale Ave
Signature:	at, Registered Office, & Registered Agent's  e as its own Registered Agent. You must designate an  ration.)	06 JUL
Florida street	Adam Bernard  Name  2229 Brian Dr.  address (P.O. Box NOT acceptable)  Randon FL 335//	L-5 PH 2: 15
<b></b>	City, State, and Zip	

(CONTINUED)
Page 1 of 2

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 (REQUIRED)

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

MGR	Ronald Snodgrass 290 Valley Greek Cabot AR 72023
MGRM	Roberta Snodgrass 290 Valley Creek Casot AR 12023
· · · · · · · · · · · · · · · · · · ·	(Use attachment if necessary)
days prior to or 90 days after the da	date of filing:ee specific and cannot be more than f
NAL) Fective date is listed, the date must be days prior to or 90 days after the	date of filing:ee specific and cannot be more than f
VAL) Fective date is listed, the date must be days prior to or 90 days after the days after the days prior to or 90 days after the days after the days prior to or 90 days after the days	date of filing.  be specific and cannot be more than for the of filing.)

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)