

LOG 000092314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AK

Office Use Only



200079570512

FILED

06 SEP 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 SEP 20 PM 3:24

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-20-06

NAME: QUALITY YACHT CARE, INC/LLC

TYPE OF FILING: CONVERSION

COST: \$150

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
06 SEP 20 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Quality Yacht Care, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation.
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on May 12, 2006
(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:

Quality Yacht Care, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(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 8 day of September 2006.

Signature of Authorized Person:

Diana Walker

Printed Name:

Diana Walker Title: MGR

Fees:

| | |
|--|--------------------|
| Certificate of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Quality Yacht Care, LLC

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

ARTICLE II - Address:

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

Principal Office Address:8107 N.W. 68 Terrace
Tamarac, FL 33321**Mailing Address:****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

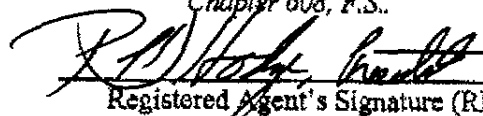
The name and the Florida street address of the registered agent are:

Florida Filing & Search Services, Inc.155 Office Plaza Dr., Suite AFlorida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32301

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.

 9/20/06
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

06 SEP 20 AM 8:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:MGRDiana Walker8107 N.W. 68 TerraceTamarac, FL 33321MGRLincoln Walker8107 N.W. 68 TerraceTamarac, FL 33321

(Use attachment if necessary)

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.)****REQUIRED SIGNATURE:**Diana Walker**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.)**Diana Walker

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)**