

L06000093699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

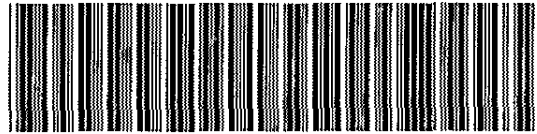
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Received permission from POLLYE  
JANISSE at CSC to change DELAWARE  
to FLORIDA on the CONVERVSION  
CERTIFICATE. The corp they wish  
to convert is an FLORIDA corp.  
-----BUCK KOHR 9/25/06

Office Use Only



200079567492

FILED  
06 SEP 25 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP 25 AM 10:44  
TO ACQUAINTANCE  
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 474687 7539529

AUTHORIZATION :

COST LIMIT : \$ 150.00

FILED  
06 SEP 25 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 22, 2006

ORDER TIME : 9:50 AM

ORDER NO. : 474687-010

CUSTOMER NO: 7539529

DOMESTIC FILING

NAME: ADVANCED INNOVATIVE  
TECHNOLOGY, LLC

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
06 SEP 25 AM 7:35  
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:  
ADVANCED INNOVATIVE TECHNOLOGY, INC.

(Enter Name of Other Business Entity)

P06000084 666

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 22 June 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**:

ADVANCED INNOVATIVE TECHNOLOGY, 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 19 day of September 2006.

Signature of Authorized Person: \_\_\_\_\_

Printed Name: John G. Reams Title: Vice President

**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:

ADVANCED INNOVATIVE TECHNOLOGY, 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:

3225 GNEAT oaks Blvd  
Kissimmee FL 34744

### Mailing Address:

Po Box 450575  
Kissimmee, FL 34744-9525

## 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:

Corporation Service Company

Name

1201 Hays Street

Florida 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.  
Corporation Service Company

By:

Heather Chapman  
Registered Agent's Signature (REQUIRED)

Heather Chapman  
as its agent

(CONTINUED)

Page 1 of 2

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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:**

MGR

Shelia C. Reams  
3225 Great Oaks Blvd  
Kissimmee FL 34744

MGR

John G. Reams  
3225 Great Oaks Blvd  
Kissimmee FL 34744

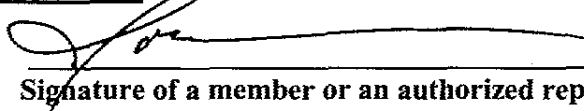
(Use attachment if necessary)

**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:**



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.)

John G. Reams  
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)