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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
× .			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(machine terms)			
(Document Number)			
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Ontifical Continues of Others			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OP SOVIOGS (Name of Resulting Florida Limited Company)			
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.			
Please return all correspondence concerning this matter to:			
Carrie Huling McNeill Cole Spriggs (Final Company) 1938 Rob Way (Address) Tallahassee, Fl. 32303 (City, State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (850) 322-8870 (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$150.00 Filing Fees (\$25 for Conversion & and Certificate of & and Certified Copy & Certified Copy, and Status of Organization) \$185.00 Filing Fees & \$185.00 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, 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: COR Spriags Inc. #P06000126			
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a			
first organized, formed or incorporated under the laws of(Enter state, or if a non-U.S. entity, the name of the country)			
on October 3, 200 (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:			
(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 13 day of October	20 0 6		
Signature of Authorized Person:	Wing More		
Printed Name: Carrie Huling MCN Hine	11 Preside	nt_	
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)	06 OCT 13 PH 3: 59 SECTE YARY OF STAIL	
Page 2 of	2	DE. A	

ARTICLES OF ORGANIZATION FOR FLORIDA LIVITTED LIABILITY COMPANY	ı
ARTICLE I - Name: The name of the Limited Liability Company is: Solution S	
(Must end with the words "Limited Lability Company, "Limited Company" or their abbreviation "ILC.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Cole Spriggs 2086-B Thomasville f Tallamassee, F2 3236	ζ, 5'
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: OVVIL UING MUNE ON Name Florida street address (P.O. Box NOT acceptable)	

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)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Carrie Huling McNell 1938 Rob Way Tallahassee, Fe. 32363	
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<u> </u>	TARY OF SIA ASSEE, FLOR	
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the	(Use attachment if necessary)	
REQUIRED SIGNATURE: Signature of a member or an a	uthorized representative of a member.	
of this document constitutes an a that the facts s	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) Office of the state of the execution and the penalties of perjury stated herein are true.) Intel name of signee	
Filing Fees: \$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (Company)		