## L07000004489

(F	Requestor's Name)
( <i>F</i>	Address)
(F	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
V	Office Use Only



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ECRETARY OF STATE

AND ASSEE FI ORIT



ACCOUNT NO. : 072100000032

REFERENCE 4313159
AUTHORIZATION

COST LIMIT : \$ 180.00

ORDER DATE : January 11, 2007

ORDER TIME : 5:46 PM

ORDER NO. : 709985-005

CUSTOMER NO: 4313159

## DOMESTIC AMENDMENT FILING

NAME: SHALE AND SANDS OIL RECOVERY

INC.

EFFECTIVE DATE:

XX CONVERSION
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER'S INITIALS:

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

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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:		
SHALE AND SANDS OIL RECOVERY INC.  PU6000050 606		
(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 04/07/2006		
(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:		
SHALB AND SANDS OIL RECOVERY 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:  (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; <u>AND</u> 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 James 20 07		
Signature of Authorized Person:		
Printed Namer John O'Brien Tale: President		
·		

Page 2 of 2

\$25.00 \$125.00

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

Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

Poes:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	7.00 9
The name of the Limited Liability Company is	700 4
STALE AND SANDS OIL RECOVERY LLC	
(Must and with the words "Limited Liability Company, "Limit "L.C.,")	and Company" or Stehr abbreviation "LLC," or
ARTICLE II - Address:	& &
The mailing address and street address of the pr Liability Company is:	rincipal office of the Limited
Principal Office Address:	Malling Address:
3501B N. Ponce de Leon Boulevard, #388	3501B N. Ponce de Leon Boulevard, #388
St. Augustine, FL. 32084	St. Angustine, FL 32084
ARTICLE III - Registered Agent, Registered Signature: (The Limited Linkilly Company cannot serve as its own Registed individual or smother business maily with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
John O'Brien	
Name 3501B N Ponce De Leon Blvd #	
Florida street address (P.O.	Box NOT acceptable)
St. Augustine	FL 32084
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 natures 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 on Managing Member is as follows:

Tiffe: "MGR" = Manager "MGRM" = Managing Mamber	Name and Address:
MGR	John O'Brien
	35018 N. Ponce de Leon Boulevard
	_#388
	St. Augustine, FL 32084
<del></del>	
·	
4—————————————————————————————————————	
	(Use attackment if necessary)
ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is fisted, the date must business days prior to or 90 days after the d REQUIRED SIGNATURE:	be specific and cannot be more than five
Standard of a markly or or or	charized representative of a member.
- 1	,
of this document constitutes an af	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
John O'Brien Typed or prin	ted name of signer
Filing Fees.	
\$125.00 Filing For for Articles of of Registered Agent \$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (Op	<b>ŭ</b> )

Page 2 of 3