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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DCP SOURCE MANA	AGEMENT LLC
	g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concernir	ng this matter to:
Deborah C. Poor	
(Contact Person)	
(Firm/Company)	
2213 S Conway Road, Apt. 130	06
(Address)	
Orlando, FL 32812	
(City, State and Zip Code)	
For further information concerning this ma	atter, please call:
Deborah C. Poor	at (407) 851-2422
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amor	unt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\sum{3} \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 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 <u>and attached Articles of Organization</u> 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: DCP SOURCE MANAGEMENT CORP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation EIN 20-5750577
(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 10/18/2006
(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:
DCP SOURCE MANAGEMENT LLC

Page 1 of 2

(Enter Name of Florida Limited Liability Company)

SECRETARY OF SALIDAY
DIVISION OF CORPORATIONS

5. If not effective on the date of filing, enter the e (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of (listed therein.)	nore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 20th day of March	07
Signature of Authorized Person: Dubon	oh CPaux
Printed Name: Deborah C. Poor Title	Member Manager
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DCP SOURCE MANAGEMENT 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:	<u>Mailing Address:</u>
2125 WEST LANDSTREET ROAD	2125 WEST LANDSTREET ROAD
ORLANDO, FL 32809	ORLANDO, FL 32809

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:

DEBORAH C. POC	DR
2213 S CONWAY	OAD, APT. 1306
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
ORLANDO	_{FL} 32812
City, Sta	te, 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..

whomah (Toor

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:

'MGR" = Manager	
MGRM" = Managing Member	
5 5	
MGRM	Deborah C. Poor
	2213 S Conway Road
	Orlando, FL 32812

LE V: Effective date, if other than th	
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)