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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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IPR -4 P 2:

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Fourth Street Center, LLC (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: |
| Advign Schreiber (Contact Person) Fourth Street Center, LLC (Firm/Company) |
| P.O. BOX 130991 (Address) Tampg Flg. 33681 (City, State and Zip Code) To Box 130991 (City, State and Zip Code) |
| For further information concerning this matter, please call: |
| Adrian Schreiber at (727) 577-9 \$50.05 (Name of Contact Person) (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$150.00 Filing Fees (\$25 for Conversion and Certificate of Status) \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status \$185.00 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: Fourth Street Center LL ((Enter Name of Other Business Entity) | <u>^</u> . |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a <u>Limited Ligbility Company</u> (Enter entity type. Example: corporation, limited partnership, sole proprietorsh general partnership, common law or business trust, etc.) | _· ıip, |
| first organized, formed or incorporated under the laws of Tehnesser (Enter state, or if a non-U.S. entity, the name of the country) | _ |
| on August 1997 (Enter date Other Business Entity" was first organized, formed or incorporate | d) ≈ |
| 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: | 7007 APR - |
| Tennessee miz | |
| 4. The name of the Florida Limited Liability Company as set forth in the attached | |
| Articles of Organization: Fourth Street Center, LL | Ç |
| (Finter Name of Florida Limited Liability Company) | |

| 5. If not effective on the date of filing, enter 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 C listed therein.) | State; AND 2) must be the | e same as the | |
|--|--|--|--|
| Signed this 28th day of March | _20 <u>07</u> . | | |
| Signature of Authorized Person: <u>Advian Schreiber</u> Title | , | <u> Dwner</u> | |
| 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) | 2007 APR -4 P 2:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Must end with the words "Limited Liability Company, "Limited "L.C.,") | of Company" or their abbreviation "LLC," or |
|--|---|
| ARTICLE II - Address: The mailing address and street address of the pr Liability Company is: | incipal office of the Limited |
| Principal Office Address: | Mailing Address: |
| 1118 94 AVEN. St. Petersburg, FL 33702 | P.O. BOX 130991 Tampa, Fla. 33681 |
| Florida street address (P.O. | egistered agent are FLORIDE STATE Box NOT acceptable) FL 33629 accept service of process for the acceptage 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

| MGRM" = Managing Member | Name and Address: |
|---|--|
| | |
| MGRM | Henry Schreiber |
| | Henry Schreiber 1801 Chandelle ct. |
| | Port Orange, FL 32120 |
| MGRM | John Moore 5510 Wallwood Rd. Knoxville TN 37912 |
| | 5510 Wallwood Rd. |
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| | 700 SH TAL |
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| | MY E |
| | (Use attachment if necessary) |
| EV: Effective date, if other than the dIAL) | late of filing: April \$307.5 |
| ective date is listed, the date must be days prior to or 90 days after the dat | e specific and cannot be more than five te of filing.) |
| EQUIRED SIGNATURE: | |
| | adrian Schreibe |
| | norized representative of a member. |
| Signature of a member or an auth | |
| (In accordance with section 608.40 of this document constitutes an affir | 08(3), Florida Statutes, the execution rmation under the penalties of perjury ed herein are true.) |
| (In accordance with section 608.40 of this document constitutes an affir that the facts state | rmation under the penalties of perjury ed herein are true.) |
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| (In accordance with section 608.40 of this document constitutes an affire that the facts state Adrian Typed or printer | rmation under the penalties of perjury ed herein are true.) Schreiber ad name of signee |

ARTICLE IV- Manager(s) or Managing Member(s):