1000042906

(Re	equestor's Name)	_
(Ac	idress)	
(Ád	ldress)	
(Cit	ty/State/Zip/Phone	#)
	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	F 67.	
Special Instructions to	Filing Officer:	
		ł
<u> </u>		···

Office Use Only



700097136557

04/20/07--01020--004 **185.00

07 APR 20 PM 3: 08

OT APR 20 PM 2: CO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Information (Name of Resulting Florida)	Consortium, LLC rida Limited Company)
The enclosed Certificate of Conversion, Article convert an "Other Business Entity" into a "Floraccordance with s. 608.439, F.S.	
Please return all correspondence concerning the	is matter to:
William F. Bradley, Jr. (Contact Person)	
Florida Information Consort (Firm/Company)	ium, LLC
10540 S. Ridgeview Rd. (Address)	
Olathe, KS 66061 (City, State and Zip Code)	
For further information concerning this matter,	please call:
William F. Bradley, Jr. at (Name of Contact Person)	(913) 754-7002 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	(Area Code and Daydine Telephone Number)
	area on Fill B
	\$180.00 Filing Fees, Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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:		
Florida Information Consortium, LLC		
(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 ofFlorida		
(Enter state, or if a non-U.S. entity, the name of the country)	_	D.\
on September 14, 2000 (Enter date "Other Business Entity" was first organized, formed or incorporated)	07 APR 20	SECRET
	20 PH 3:	ANY OF S
/-	08	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	30	<u></u> हैं
Florida Information Consortium, 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 19th day of April 20 07.
Signature of Authorized Person:
William F. Printed Name: Bradley, Jr. Title: Secretary

Fees:

Certificate of Conversion: \$25.00 \$125.00

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Information Consortium, 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:

Mailing Address:

10540 S. Ridgeview Rd.
Olathe, KS 66061

10540 S. Ridgeview Rd. Olathe, KS 66061

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:

CT Corporation System

Name

1200 S. Pine Island Rd.

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

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..

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	William F. Bradley, Jr 10540 S. Ridgeview Rd. Olathe, KS 66061
MGRM	Eric Bur 10540 S. Ridgeview Rd. Olathe, KS 66061
MGRM	Harry H. Herington 10540 S. Ridgeview Rd. Olathe, KS 66061
	(Use attachment if necessary)
ss days prior to or 90 days after the da	e specific and cannot be more than five
REQUIRED SIGNATURE: Signature of a member or an auti	norized representative of a member.
(In accordance with section 608.40 of this document constitutes an affi	08(3), Florida Statutes, the execution rmation under the penalties of perjury ed herein are true.)
William F. Bradle Typed or printe	y, Jr. ed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of	Organization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	the Limited Liability Company is:	
Florida Information	n Consortium, LLC	
2. The name and	the Florida street address of the registered agent and office are:	
	C T Corporation System	
·	(Name)	
	1200 South Pine Island Road	
·	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
_	Plantation, Florida 33324	
	City/State/Zip	
liability company agent and agree t relating to the pro-	ned as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registe to act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.	red
By. OO		
J.L. Miles, Asst. Sec	(Signature)	
	~ ·	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)