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| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| , PICK-UP WAIT MAIL | • |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| Office Use Only | |



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SECRETARY OF STATE SECRETARY OF STATE FLORIDA

TILL

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Charter Benefit Group | |
| (Name of Resulting | 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 concerning | ng this matter to: |
| Stephen A. Taylor, Esq. | |
| Stephen A. Taylor, P.L. | |
| (Firm/Company) | |
| 44 W. Flagler Street, Suite 675 | |
| (Address) | |
| Miami, FI 33130 | |
| (City, State and Zip Code) | |
| | |
| For further information concerning this ma | itter, please call: |
| Stephen A. Taylor | _at (305) 722-0091 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amou | int: |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy Certificate of Status |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations P. O. Box 6327 |
| Clifton Building 2661 Executive Center Circle | Tallahassee, FL 32314 |
| Tallahassee, FL 32301 | randinasses, i D 2217 |

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" in mediately prior to the filing of this Certificate of Conversion is: Charter Benefit Group, Inc. | OT BAY 25 |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a Corporation | المسترد المسترات المراب الراب |
| (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) | AND: SU |
| first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) | CORDER SIL |
| on 11/22/2004 | |
| (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: | |
| Charter Benefit Group, 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; 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 15th day of May 2007. | |
| Signature of Authorized Person: Nex Mary | 127 |
| Printed Name: Max Morgan Title: princlest | 5 AN 10: 54 |

Fees:

\$25.00

Certificate of Conversion: Fees for Florida Articles of Organization:

\$125.00

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

Certified Copy: Certificate of Status:

Page 2 of 2

ARTICLES OF ORGANIZATION OF CHARTER BENEFIT GROUP, LLC

ARTICLE I NAME

The name of this Limited Liability Company shall be CHARTER BENEFIT GROUP, LLC (the "Company").

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company and mailing address shall be 1812 N. University Drive, Plantation, Fl 33322 and such other place or places as the member(s) from time to time may determine.

ARTICLE III INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial registered agent of the Company shall be Max Morgan. The address of the initial registered agent is 1812 N. University Drive, Plantation, Fl 33322.

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)

ARTICLE IV MANAGEMENT

The Company will be a manager-managed company, and will be managed by a manager or managers who may be, but are not required to be, a member of the Company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

Articles of Organization of Charter Benefit Group, LLC Page 2

Max Morgan 1812 N. University Drive Plantation, Fl 33322

| IN WITNESS WHEREOF, the unde executed on the day of day of with the Florida Department of State. | rsigned has caused these Articles of Organization to be, 2007, effective upon filing same |
|--|---|
| | CHARTER BENEFIT GROUP, LLC |
| BY: | Max Morgan, Manager |
| STATE OF FLORIDA) | · · · |
|) ss: COUNTY OF BROWARD) | |
| 2007, by MAX MORGAN, who did execute and Member of CHARTER BENEFIT GROproduced (FL on L.) M625 S40733 | the foregoing Articles of Organization as the Manager DUP, LLC, who is personally known to me, or who has as identification, and being first duly sworn, the same freely and voluntarily for the purposes therein |
| | Signature - NOTARY PUBLIC |
| SEAN SPITZER Notary Public - State of Floride Ay Commission Expires Sap 7, 2010 Commission # DD 593188 Bonded By National Notary Asen. | Sean SoitZer Printed Name of NOTARY PUBLIC DO 593156 Commission Number |