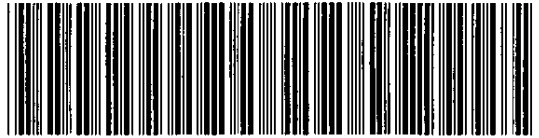


LO7000124306

P

Mr. Peter Parker

609 S Palmetto Ave
Sanford, FL 32771



000112337230

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

11/29/07--01019--002 **150.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LO7000058 3/00

Office Use Only

EFFECTIVE DATE

120607

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB
11/29/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2007

PETER PARKER
609 S. PALMETTO AVE
SANFORD, FL 32771

SUBJECT: FARE CONNECTOR LLC
Ref. Number: W07000058360

We have received your document for FARE CONNECTOR LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 807A00067990

07 NOV 29 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

FARECONNECTOR LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC.
(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 NEW YORK
(Enter state, or if a non-U.S. entity, the name of the country)

on MAY 13 2003
(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**:

FARECONNECTOR LLC

(Enter Name of Florida Limited Liability Company)

Page 1 of 2

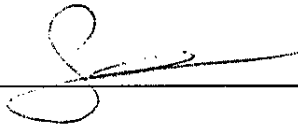
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12-06-07

5. If not effective on the date of filing, enter the effective date: 12/06/07
~~11/27/07~~
(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 27 day of November 2007.

Signature of Authorized Person: _____



Printed Name: Sylvia Speck Title: Manager

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FARECONNECTOR LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

609 S Palmetto Ave
Sanford, FL 32771

Mailing Address:

609 S Palmetto Ave
Sanford FL
32771

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:

Sylvia Speck
Name
609 S Palmetto Ave
Florida street address (P.O. Box NOT acceptable)
Sanford FL 32771
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGR

Name and Address:

Sylvia Soack
609 S Palmetto Ave
Sanford, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sylvia Soack

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)