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(Requestor's Name) (Address) (Address)	800125248908	
(City/State/Zip/Phone #)	04/24/0801021013 **150.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	Ā.o.	

Special Instructions to Filing Officer:

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EXAMINER

Office Use Only

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2008 APR 24 P 1: 47
SECRETARY OF STATE
ALLAHASSEE, FI COLE

COVER LETTER

TO: Registration Section Division of Corporations	
	S PLANNING TAUSTITUTE, LLC. Florida Limited Company)
The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.	icles of Organization, and fees are submitted to Florida Limited Liability Company" in
Please return all correspondence concerning	this matter to:
DANIEL McGilve (Contact Person)	RY
THE BUSINESS LAN (Firm/Company)	WING INSTITUTE
580 VILLAGE BCV	D. SUITE 150
(City, State and Zip Code)	SECRETARY TALLAHASSEE
For further information concerning this matt	171
(Name of Contact Person)	at (56) 242-0569 (Area Code and Daytime Telephone Winber)
Enclosed is a check for the following amour	nt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{align*} \$155.00 \text{ Filing Fees} \\ \text{and Certificate of} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□\$180.00 Filing Fees and Certified Copy □\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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: THE BUSINESS PLANNING TOUSTITUTE, INC.
THE BUSINESS / CANNING JANSIII. VIE, LNC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a SCR? CRPORTION (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 TLORIDAR T
(Enter state, or if a non-U.S. entity, the name of the country
on 5/19/200 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:
FRORIAA.
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
THE BUSINESS (LANNING TRISTITUTE, LLC.
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after State; <u>AND</u> 2) must b	e the same as tl	he
Signed this 22 day of APRIL	_20_ 0<i>8</i>		
Signature of Authorized Person:		veris	
Printed Name: DANIEC MGilver Tile	Reside	NT	-
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)	2008 APR 24 P 1: 4 SECRETARY OF STATE TALLAHASSEE, FLORID	FILED

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," the abbreviation "L.L.C.," or the designation "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 580 VILLAGE BLUD WEST PALM BEACH FLORIDA 33409 Mailing Address: Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must be individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: DANIEL MCG: WERY
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address: DANIEL MCGILVERY 580 ULLAGE BLUD. SI WEST PALM BEACH FR
	Use attachment if necessary of STATE (Use attachment it necessary of STATE (Use attachment it necessary of S
ARTICLE V: Effective date, if other than the (The effective date: 1) cannot be prior to a document is filed by the Florida Department the effective date listed in the attached Codate is listed therein.) REQUIRED SIGNATURE: Signature of a member or an au	(OPTIONAL) nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
(In accordance with section 608. of this document constitutes an af that the facts st	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)

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)