

| (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:

L. SELLERS

JUN 26 2008

EXAMINER

Office Use Only



400131248764

06/13/08--01012--029 **150.00

SECRETARY OF STATE

COVER LETTER

| Division of Corporations | |
|---|---|
| SUBJECT: Dealer Diagnostics L.L.C. | *** |
| (Name of Resulting Florida | Limited Company) |
| The enclosed Certificate of Conversion, Articles of convert an "Other Business Entity" into a "Florida accordance with s. 608.439, F.S. | • |
| Please return all correspondence concerning this r | natter to: |
| Robert J Schnell | |
| (Contact Person) | |
| Dealer Diagnostics | |
| (Firm/Company) | |
| 15421 Younis Road West | |
| (Address) | |
| Jacksonville, Florida 32218 | |
| (City, State and Zip Code) | *************************************** |
| For further information concerning this matter, ple | ease call: |
| Robert J Schnell at (| 904) 859-5766 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| | 0.00 Filing Fees Sertified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassaa, El., 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |



June 16, 2008

ROBERT J. SCHNELL 15421 YOUNIS ROAD WEST JACKSONVILLE, FL 32218

SUBJECT: DEALER DIAGNOSTICS L.L.C.

Ref. Number: W08000029117

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

General partnerships must be registered with this office before converting to another business entity type. Enclosed is the form needed to complete this filling.,

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) 245-6967.

Letter Number: 708A00036706

Leslie Sellers Regulatory Specialist II

Division of the property of th

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: Dealer Diagnostics |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a FICHNOU NAME. |
| (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 Florida |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 02-29-2008 |
| (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: |
| Florida, United States |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Dealer Diagnostics L.L.C. |
| (Enter Name of Florida Limited Liability Company) |

DOB JUN 24 PM 2: C

| ffective date: 07-01-2008 fore than 90 days after the date this State; AND 2) must be the same as the Organization, if an effective date is |
|---|
| 20_08 |
| Schnell |
| Owner |
| |
| |
| |
| \$25.00 |
| \$125.00 \$30.00 (Optional) |
| \$5.00 (Optional) |
| |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Na The name of the L | me: imited Liability Co | ompany is: | |
|---|---|-----------------|---|
| Dealer Diagno (Must end with the word "LLC.") | estics L.L.C. s "Limited Liability Com | pany," the abb | reviation "L.L.C.," or the designation |
| ARTICLE II - Ac The mailing addre Liability Company | ss and street addres | ss of the pri | ncipal office of the Limited |
| Principal Office / | Address: | | Mailing Address: |
| 350 Pecan Park Ro Jacksonville, Florida | | ······· | 15421 Younis Road West Jacksonville, Florida 32218 |
| Signature: (The Limited Liability C individual or another | | its own Registe | Office, & Registered Agent's red Agent. You must designate an |
| The name and the | Florida street addre | ess of the re | gistered agent are: |
| | Robert J Schnell | | |
| | 15421 Younis Road | Name West | |
| | Florida street add | lress (P.O. I | Box NOT acceptable) |
| | Jacksonville | City, State, | FL 32218 and Zip |
| Having been na | ned as registered a | ent and to | accept service of process for the |

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

III.IIIII 24 PM 2: (

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u> Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| 'MGRM" | Robert Schnell |
| | 15421 Younis Road West |
| | Jacksonville, Florida 32218 |
| 'MGRM" | David Swanson |
| | 15421 Younis Road West |
| | Jacksonville, Florida 32218 |
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| | |
| | (Use attachment if necessary) |
| ective date: 1) cannot be prior to r | e date of filing: 07-01-08 (OPTIONAL) nor more than 90 days after the date this |
| nt is filed by the Florida Departmentive date listed in the attached Constend therein.) REQUIRED SIGNATURE: | c date of filing: 07-01-08 (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective |
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| ective date: 1) cannot be prior to rent is filed by the Florida Departmentive date listed in the attached Costed therein.) REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608.4 of this document constitutes an af | c date of filing: 07-01-08 (OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective |
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