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

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Office Use Only



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SECRETARY OF STATE

M. THOMAS

JUL 1 - 2008

EXAMINER

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Rex Capital Group LLC (Name of Resulting	Florida Limited Company)	
The enclosed Certificate of Conversion, Arconvert an "Other Business Entity" into a "accordance with s. 608.439, F.S.		
Please return all correspondence concernin	g this matter to:	
•		
Shannon G. Rex		
(Contact Person)		
Rex Capital Group LLC		
(Firm/Company)		P
4687 S. Lake Drive		
(Address)		}
Boynton Beach, FL 33436		
(City, State and Zip Code)		
For further information concerning this ma	tter, please call:	
Shannon G. Rex	_at (<u>561</u>) 573-4	
(Name of Contact Person)	(Area Code and Da	ytime 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	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 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.

Certificate of Conversion is: P03-31448 SG Rex & Co. Inc.	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a S-Corporation.	
(Enter entity type. Example: corporation, limited partnership, sole proprietorship	Č
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 03/18/2003	۱ 2
(Enter date "Other Business Entity" was first organized, formed or incorporated)	A
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:	
N/A .	
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
Rex Capital Group LLC	
(Enter Name of Florida Limited Liability Company)	
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 25 day of June	20 08
Signature of Member or Authorized Re	epresentative of Limited Liability Company:
Signature of Member or Authorized Repre Printed Name: Shannon G. Rex	esentative: S. Reserved. Title: Managing Member
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: 5.79	
Printed Name: Shannon G. Rex	Title: President
Signature	
Printed Name:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
IC Disable Community	
If Florida Corporation: Signature of Chairman, Vice Chairman, Dir	ector or Officer
If Directors or Officers have not been select	
If Florida General Partnership or Limite Signature of one General Partner.	d Liability Partnership:
_	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organi Certified Copy: Certificate of Status:	\$25.00 zation: \$125.00 \$30.00 (Optional) \$5.00 (Optional)
Commente of Status.	φο.ου (Opnonal)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	al Group LLC	.	
"LLC.")	ords "Limited Liability Company," t	e abbreviation "L.L.C.," or the designation	
ARTICLE II - The mailing add Liability Compa	dress and street address of the	e principal office of the Limited	
Principal Offic	e Address:	Mailing Address:	
601 North Congr	ess Avenue, Suite 115	4687 S. Lake Drive	
Delray Beach, FL			_
ARTICLE III Signature: (The Limited Liabilit	- Registered Agent, Registory Company cannot serve as its own F	red Office, & Registered Agent's registered Agent. You must designate an	SECRETA
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Registory Company cannot serve as its own For an active Florida registration.)	red Office, & Registered Agent's	SECHETARY OF BU
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Registory Company cannot serve as its own F	red Office, & Registered Agent's	SECHETARY OF SHIDE
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Registory Company cannot serve as its own For an active Florida registration.) the Florida street address of the Shannon G. Rex	red Office, & Registered Agent's gegistered Agent. You must designate an the registered agent are:	SECHETARY OF SHIDA
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Register ty Company cannot serve as its own For an active Florida registration.) the Florida street address of the Shannon G. Rex	red Office, & Registered Agent's	SECRETARY OF STROP
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Registory Company cannot serve as its own Forman active Florida registration.) the Florida street address of too Shannon G. Rex N 4687 S. Lake Drive	red Office, & Registered Agent's gegistered Agent. You must designate an the registered agent are:	SECRETARY OF SHIP
ARTICLE III Signature: (The Limited Liabilit individual or another business entity with	- Registered Agent, Registory Company cannot serve as its own Forman active Florida registration.) the Florida street address of too Shannon G. Rex N 4687 S. Lake Drive	red Office, & Registered Agent's gegistered Agent. You must designate an me registered agent are:	SECRETARY OF SHIDA

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Shannon G. Rex
	4687 S. Lake Drive
	Boynton Beach, FL 33436
LEV. Effective date if other than the	(Use attachment if necessary)
fective date: 1) cannot be prior to nent is filed by the Florida Departmentive date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an automatical street street.	(OPTIONAL) (OPTIO
ent is filed by the Florida Departme ective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofilia document constitutes an affiliation.	OPTIONAL) (OPTIONAL) or more than 90 days after the date this nt of State; AND 2) must be the same as ertificate of Conversion, if an effective
fective date: 1) cannot be prior to nent is filed by the Florida Departme ective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofilia document constitutes an aftithat the facts states.	coptional) (OPTIONAL) (OPTIO
fective date: 1) cannot be prior to nent is filed by the Florida Departme ective date listed in the attached Colisted therein.) REQUIRED SIGNATURE: Signature of a member or an autofilia document constitutes an aftithat the facts states.	control of filing: (OPTIONAL) (OPTIONAL)

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

of Registered Agent

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