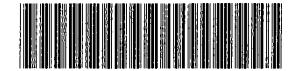
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(Requestor's Name)				
(Address)				
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(Add and and and and and and and and and a				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dunings Fath, Name)				
(Business Entity Name)				
(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 OF STATE OF CORPORATIONS

J. BRYAN

SEP - 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: POWLY SAVIN (Name of Resulting	35 MOTHS & S Florida Limited Company)	se, LLC
The enclosed Certificate of Conversion, Ar convert an "Other Business Entity" into a "accordance with s. 608.439, F.S.	ticles of Organization, Florida Limited Liabil	and fees are submitted to
Please return all correspondence concerning	g this matter to:	
PIERRE A. St Je	74N	Q
PO WESAVINGS MOYF	gage, L/c	Ç
4524 GUN C/43	Rd. Su	te 104
West PAIN BEACH (City, State and Zip Code)	TC 33415	
For further information concerning this ma	tter, please call:	
PIERRE S-FTEHN (Name of Contact Person)	at (S6) 82 (Area Code and Da	27-3088 sytime 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	MAILING A Registration of C P. O. Box 63	Section Corporations 27
2001 Executive Center Circle	661 Executive Center Circle Tallahassee, FL 32314	

Tallahassee, FL 32301

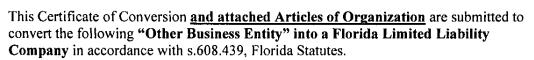
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of this # pq8000057678
Certificate of Conversion is: Power SAVINGS MOTT Sage, INC (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Power Savar
(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 Florada (Enter state, or if a non-U.S. entity, the name of the country)
on 06/29/1998 (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:
State of Clouda
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
POWNSAVINGS MNS GOSE, LLC (Enter Name of Florida Limited Liability Company)
(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; <u>AND</u> 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 26th day of Aubust	20 <u>0 8</u> .				
Signature of Member or Authorized Representa	Signature of Member or Authorized Representative of Limited Liability Company:				
Signature of Member or Authorized Representative Printed Name: GESU/A St JEHN	Title: MANASEN (M.G.R.)				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Cerula Stlan)				
Printed Name: Gesula St Jean	Title: U President				
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
	St Que				
Signature: Printed Name:	_ Title: & Salar				
Signature:Printed Name:	_Title:				
Signature:	立 景				
Printed Name:	_ Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.					
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:				
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:				
All others: Signature of an authorized person.					
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)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	0,
ARTICLE I - Name: The name of the Limited Liability Company is:	%
Λ	St MET
Must end with the words "Limited Liability Company," the ab	breviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the pre Liability Company is:	rincipal office of the Limited
Principal Office Address:	Mailing Address:
4524 GUN Club Rd Scute 104 West Palm Beach, (133415	4524 GUN Clus Rd, Sente 104 West Palm Beach FCouda 33415
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regist individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
TIERRE ST JEA 4524 GUN CL Florida street address (P.O. West Palm Beach City, State	us Rd Sent 104
11	accent somice of mesees 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

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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MG R	Correcte Cl Tom	
MOR	UESUIA ST JEAN	, -
	Suche 104	-
	West Palm Beach, for	137U
	west from the con, or	
	**************************************	-
	o.	N. S.
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		7
	(Use attachment if necessary)	<u> </u>
	(Ose attachment is necessary)	
ARTICLE V: Effective date, if other than the	e date of filing:	
,	(OPTIONAL)	
The effective date: 1) cannot be prior to a locument is filed by the Florida Department he effective date listed in the attached (late is listed therein.)	ent of State; AND 2) must be the same as	
REQUIRED SIGNATURE:		
C	(
Desula St	Jean	
'Signature of a member or an au	ithorized representative of a member.	
(In accordance with section 609	409(2) Florida Statutos, the avecution	
	.408(3), Florida Statutes, the execution ffirmation under the penalties of perjury	
	tated herein are true.)	
GESY/R STJEAN	1	
	nted name of signee	
ryped or prii	nea name or signee	

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)

Page 2 of 2