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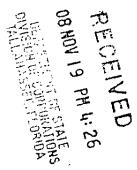
(R	equestor's Name)	
(Ac	ddress)	
. `	,	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)
(De	ocument Number)	
(5		
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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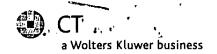
EFFECTIVE DATE 1-2-1-1-1-1-1

B. KOHR

NOV 2 1 2008

EXAMINER

09 NOV 19 PH 2: 45



CT 1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

November 10, 2008

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7409389 SO

Customer Reference 1:

044863.0012

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

OP Brandon, Inc. (FL)

Conversion

Florida

OP Kissimmee, Inc. (FL)

Conversion

Florida

OP Lake Parker, Inc. (FL)

Conversion

Florida

OP Melbourne, Inc. (FL)

Conversion

Florida

OP Miami, Inc. (FL)

Conversion

Florida

OS MON 19 PH 2: 45

EFFECTIVE DATE_12/1/08_

Certificate of Conversion For

EFFECTIVE DATE 12

"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.

I. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

RE Bayonet Point, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation CL GOOD (C 2 8 (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 07/27/1999

(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:

N/A

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

RE Bayonet Point, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: December 1, 2008

(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 20th day of November	20 08
Signature of Member or Authorized Representat	ive of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: Christopher M, Sertich	/s/ Christoher M. Sertich Title: [Authorized Representative
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s).]
Signature: /s/ Christopher M. Sertich	
Printed Name: Christopher M. Sertich	Title: President
Signature: Printed Name:	Title:
Signature: Printed Name:	_Title:
Signature:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

EFFECTIVE DATE) // US

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

	ZATION FOR FLOF	<u></u>
RE Bayonet Point (Must end with the wor "LLC.") ARTICLE II - A	Limited Liability Comp LLC ds "Limited Liability Compar ddress: ess and street address of	oany is: of the principal office of the Limited
Principal Office	Address:	Mailing Address:
1035 Powers Plac	<u>e</u>	1035 Powers Place
Alpharetta, GA 30		Alpharetta, GA 30009
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active F	gistered Office, & Registered own Registered Agent. You must designate an Plorida registration.)
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active Ferrida street address	gistered Office, & Registered own Registered Agent. You must designate an Plorida registration.) of the registered agent are:
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active Ferrida street address	gistered Office, & Registered own Registered Agent. You must designate an Plorida registration.) of the registered agent are:
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active Ferrida street address	gistered Office, & Registered own Registered Agent. You must designate an Plorida registration.) of the registered agent are:
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active Fee Florida street address CT Co	gistered Office, & Registered own Registered Agent. You must designate an Florida registration.) of the registered agent are: orporation System Name
ARTICLE III — Agent's Signatur (The Limited Liability individual or another br	Registered Agent, Rece: Company cannot serve as its usiness entity with an active Factorida street address CT Co 1200 Sc Florida street address	gistered Office, & Registered own Registered Agent. You must designate an Plorida registration.) of the registered agent are: orporation System Name outh Pine Island Road

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

Jennifer Quinn Assistant Secretary gistered 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:

Manager	Christopher M. Sertich
	1035 Powers Place Alpharetta, GA 30009
Manager	Arnold M. Whitman
	1035 Powers Place
	Alpharetta, GA 30009
Manager	John Chilson
	1035 Powers Place
	Alpharetta, GA 30009

	(Use attachment if necessary)

(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 Certificate of Conversion, if an effective date is listed therein.)

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.)

Christopher M. Sertich, Manager

Typed or printed name of 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)