# 108000108279

(F	Requestor's Name)	
(A	Address)	
( <i>f</i>	Address)	
(0	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(C	Document Number)	······································
Certified Copies	Certificates of	Status
Special instructions t	o Filing Officer:	

Office Use Only



300137659193

11/20/08--01002--015 \*\*185.00



EFFECTIVE DATE 12/108



NOV 2 1 2008

**EXAMINER** 





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

OB NOW 19 PH 2: 45

EFFECTIVE DATE 12/1/08

# **Certificate of Conversion**

For

EFFECTIVE DATE

# "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: OP Melbourne, Inc.	P02000077095
(Enter Name of O	her Business Entity)
2. The "Other Business Entity" is a Corporat	
(Enter entity type. Example: corporation general partnership, common	n, limited partnership, sole proprietorship, on law or business trust, etc.)
first organized, formed or incorporated under	the laws of Florida
(Enter state, or if a non-U.S. e	entity, the name of the country)
on <u>07/16/2002</u> .	
(Enter date "Other Business Entity" was	s first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business I under the laws of which it is now organized,	
N/A	
4. The name of the Florida Limited Liability Articles of Organization:	Company as set forth in the attached
OP Melbourne, LLC	
(Enter Name of Florida L	imited Liability Company)
5. If not effective on the date of filing, enter	the effective date: December 1, 2008

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 thisday ofNovember	20 08 .
Signature of Member or Authorized Representat	tive of Limited Liability Company:
Signature of Member or Authorized Representative: Printed Name: Christina K. Firth	: /s/ Christina K. Firth Title: Authorized Representative
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s).
Signature: /s/ Christina K. Firth Printed Name: Christina K. Firth	
Printed Name: Christina K. Firth	Title: President
Signature:	
Signature: Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or O If Directors or Officers have not been selected, an Inco	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

EFFECTIVE DATE 12 1 02

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY,

LES OF ONGANIZATION		,
ARTICLE I - Name: The name of the Limited Li OP Melbourne, LLC	iability Company is:	AND 19 PM 2: 15
(Must end with the words "Limited I"LLC.")	Liability Company," the abbreviation "L.L.C.," or the designation	5
ARTICLE II - Address: The mailing address and str Liability Company is:	reet address of the principal office of the Limited	T'
Principal Office Address:	Mailing Address:	
1035 Powers Place	1035 Powers Place	
Alpharetta, GA 30009	Alpharetta, GA 30009	
Agent's Signature:  (The Limited Liability Company caindividual or another business entity)	d Agent, Registered Office, & Registered  annot serve as its own Registered Agent. You must designate an with an active Florida registration.)  treet address of the registered agent are:  CT Corporation System  Name	
	1200 South Pine Island Road	
Florida	Plantation, FL 33324 City, State, and Zip	

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, E.C.

Jennifer Quinn
Assistant Secretary-Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	•
"MGRM" = Manager Mem	ber
Manager	Christina K. Firth
-	1035 Powers Place
	Alpharetta, GA 30009
Manager	Iohn Chilean
ivialiagei	John Chilson 1035 Powers Place
	Alpharetta, GA 30009
	(Use attachment if necessary)
	(Ose attachment if necessary)
TICLE V: Effective date, if other	than the date of filing: December 1 , 2008
Transcrive unit, il Ulliot	
TIONE TO DISCUST GAIO, II OHIOI	(OPTIONAL)
	(OPTIONAL)
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ARTICLE IV- Manager(s) or Managing Member(s):

## 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)