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

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SECRETARY OF STATE IVISION OF CORPORATION

T. HAMPTON

DEC 1 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DKC 4 TNV657 (Name of Resulting	MENTS, LLC g Florida Limited Company)
The enclosed Certificate of Conversion, Asconvert an "Other Business Entity" into a accordance with s. 608.439, F.S.	rticles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concerning	ng this matter to:
David K CRon (Contact Person)	WeLL
(Firm/Company) P.O. Box 968 (Address) Darby MT 596 (City, State and Zip Code)	829
For further information concerning this ma	atter, please call:
(Name of Contact Person)	at (371) 377-1164 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$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 <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

Signed this & Hay of December	<u>~ 20.1 </u>		
Signature of Member or Authorized Represent	ative of Limited Liability Company:	1	
Signature of Member or Authorized Representative Printed Name: Sunday R Butter	Title: MAR Bute	- -	
Signature(s) on behalf of Other Business Entity:			•
Signature Yorkn R Butter Printed Name: Eardon R Buter	- Tide: 110	_	
	•		
Signature: Printed Name:	m. I	_	
Printed Name:	Title:	_	
Signature:			
Signature: Printed Name:	Title:	_	
Signature:			
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	Title:	_	
Signature:Printed Name:		-	
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 Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.			
All others: Signature of an authorized person.			
Fees:		80	V 10
<u> </u>		DEC	SIO
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	C 12 AHII:	H OF CORPORA STARY OF STA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 -	Name:	
		•	

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation ĥLLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

Name

Florida street address (P.O. Box NOT acceptable)

ENERPISE FL 32725
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 60**ß**), F.S..

legistered 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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	David K Cromwe PoBox 968 Darby MT 59	11	9
MGR	SharoN Karnes Po Bux 968 Darby, MT S	98.	29
MER	Cardon R Butte 208 Herenwood Enterprise, FI	CIA ZZ	2725
·			
	(Use attachment if necessary)		
cument is filed by the Florida Department e effective date listed in the attached Cotte is listed therein.) REQUIRED SIGNATURE:	nt of State; <u>AND</u> 2) must be the san ertificate of Conversion, if an effe	ne as ctive	
REQUIRED GRATERES	0		
Signature of a member or on out	harized representative of a mamba	_	
	horized representative of a membe		
of this document constitutes an affi	08(3), Florida Statutes, the execution irmation under the penalties of perjurted herein are true.)		
Gordon R. BUT	Ter		
Typed or print	ed name of signee	80	SIAIC IS
Filing Fees:		030	ECRE SION
			~
WIDE BU William Lon for Anticles of		2	₩ E
	Organization and Designation	12 A	FILEC FARY OF OF CORF
of Registered Agent \$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional)	12 AMII: 05	FILED TARY OF ST DF CORPORA