L08000116712

(Requestor's Name)	
(Address)	500139225
(Address) (City/State/Zip/Phone #)	12/24/08010050
PICK-UP WAIT MAIL	
(Business Entity Name)	12/24/08010050
(Document Number)	
Certified Copies Certificates of Status	TALLAHAS
Special Instructions to Filing Officer:	SEE, FLORIS
	DA A



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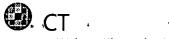
**25.00

**125.00

Office Use Only

EFFECTIVE DATE__________ **KOHR** DEC 2 4 2008

EXAMINER



a Wolters Kluwer business

CT 1203 Governors Square Blvd.

Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax '\ www.ctlegalsolutions.com

December 24, 2008

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301 EFFECTIVE DATE 12 31/0/

Re: Order #: 7447822 SO

Customer Reference 1: Sonic Reorg Customer Reference 2: None Given

Dear Secretary of State, Florida:

Please obtain the following:

Sonic - FM, Inc. (FL) Formation Florida

Sonic - FM, Inc. (FL) Conversion Florida

Sonic - FM, Inc./(FL) Formation Florida

Sonic FM Automotive, LLC (FL) Conversion Florida

Sonic Automative - Clearwater, Inc. (FL) Conversion Florida

Sonic FM VW, Inc. (FL) Conversion Florida

Sonic - Freeland, Inc. (FL)

EFFECTIVE DATE 12 31/08

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.

 The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Sonle - FM, Inc.

Sonic - FM, Inc.	
(Enter Name of O	ther Business Entity)
2. The "Other Business Entity" is a corporati	on pagoou 67142
	n, limited pårtnership, 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)
7/29/1000	

(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:

SAI Fort Myers B, LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: Dec. 31, 2008 at 11:59 p.m. (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 15 day of <u>Decamber</u>	20 08			
Signature of Member or Authorized Represen	tative of Limited Liability Company:			
Signature of Member or Authorized Representative Printed Name: David P. Cosper	ve: Title: Manager			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Durch Come				
Printed Name: David P. Cosper	Title: vice President and Treasurer			
Signature				
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
	1110.			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Clamators				
Signature:Printed Name:	Title:			
	1100.			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer.			
If Directors or Officers have not been selected, an In	corporator must sign.			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty 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)			

EFFECTIVE DATE 12/3/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SAI Fort Myers B, LLC

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

ARTICLE II - Address:

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

Principal Office Address:		Mailing Address:	
7070 Lakes Terrace	F9	13880 S. Tamiami Trail	
Fort Myers, FL 33912		Fort Myers, FL 33912	

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:

C1 Corporation System		
Name		
1200 S. Pine Island Road		
Florida street address (P.O. Box	NOT acceptable)	
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, F.S..

Marie Edwards Asst. Secretary

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR		
<u>MGR</u>	B. Scott Smith 5401 E. Independence Blvd. Charlotte, NC 28212	1
MGR	David P. Cosper 5401 E. Independence Blvd. Charlotte, NC 28212	D
·	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (The effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cer date is listed therein.)	(OPTIONAL) r more than 90 days after the date this of State; AND 2) must be the same as	
REQUIRED SIGNATURE: Signature of a member or an author	orized representative of a member.	
(In accordance with section 608.40)	8(3), Florida Statutes, the execution mation under the penalties of perjury	
DAVID P. COSPE	I 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)

Page 2 of 2