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(Re	equestor's Name)
(A.		
JA.J	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
	,	
(Bu	isiness Entity Na	ame)
(De	ocument Numbe	-1
, (DC	ocument Nambe	i)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

T. HAMPTON

DEC 1 8 2009

EXAMINER

COVER LETTER

TO: Registration Division of	on Section of Corporations		
SUBJECT:BE	NEFITS TECHNOLOGIES (Name of Resulting	OLVISION 4 LLC Florida Limited Company)
	Business Entity" into a "		and fees are submitted to ity Company" in
Please return all c	orrespondence concernin	g this matter to:	
DANNIELLE	KINSEY (Contact Person)		
BENEFITS	FECHNOLOGIES, LLC (Firm/Company)		
1200 E. TA	AFT (Address)		
SAPULPA, (, ,		
For further inform	nation concerning this ma	tter, please call:	
DWIGHT PIERCE	· · · · · · · · · · · · · · · · · · ·	//	33-2002
(Name of C	ontact Person)	(Area Code and Da	aytime Telephone Number)
Enclosed is a chec	ck for the following amou	ınt:	
\$150.00 Filing Fe (\$25 for Conversion & \$125 for Articles of Organization)	es \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
STREET ADDR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on trations enter Circle	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
THE GREAT ATLANTIC REGION , INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>corporation</u> .
(Enter entity type. Example: corporation, limited partnership,
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 8/18/1997
(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:
under the laws of which it is now organized, formed of meorporated.
4. The name of the Florida Limited Liability Company as set forth in the attached
Articles of Organization:
BENEFITS TECHNOLOGIES DIVISION 4: LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 1-1-2010.
(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 day of	20 09.			
Signature of Member or Authorized Representative of Limited Liability Company				
Signature of Member or Authorized Representative Printed Name: Marvin E. McKinney	Title: President	-		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)).]		
Signature:				
Printed Name: Dwight L. Pierce	Title: <u>President</u>			
Signature:	, , ,			
Printed Name: Marvin E Mckmn	eyTitle: DIV. Pres			
Signature:	•			
Signature:Printed Name:	Title:	<u> </u>		
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
				
Signature: Printed Name:	Title			
Frinted 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.		O IAIC IS		
Fees:		SECRETARY VISION OF CE		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OF CORPORATION		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LLC.")	ords "Limited Liability Company,"	the abbreviation	on "L.L.C.," or the designation
ARTICLE II - A The mailing add Liability Compa	ress and street address of t	he principa	l office of the Limited
Principal Office	e Address:	Mai	ling Address:
	od Lane, Ste 408		same
Jacksonville ARTICLE III -		·	
ARTICLE III - Signature: The Limited Liability adividual or another business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.)	tered Office Registered Age the register	ee, & Registered Agent?
ARTICLE III - Signature: The Limited Liability adividual or another business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) The Florida street address of Marvin McKi	tered Office Registered Age the register	ee, & Registered Agent?
ARTICLE III - Signature: The Limited Liability adividual or another business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) The Florida street address of Marvin McKi	tered Office Registered Ag the register	ee, & Registered Agent's ent. You must designate an red agent are:
ARTICLE III - Signature: The Limited Liability adividual or another business entity with	Registered Agent, Regist Company cannot serve as its own an active Florida registration.) The Florida street address of Marvin McKi	tered Office Registered Ag the register nney Name	ee, & Registered Agent's ent. You must designate an red agent are: Ste 408
ARTICLE III - Signature: The Limited Liability adividual or another business entity with	Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.) The Florida street address of Marvin McKin Marvin McKin	the register nney Name ood Lane,	ee, & Registered Agent's ent. You must designate an red agent are: Ste 408

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.8.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SEGRETARY OF STATE DIVISION OF CORPORATION

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The hame and address of each Manage	of Managing Montour to the Folia Well
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marvin E. McKinney 1760 Shadowood Lane #408 Jacksonville, FL 32207
MGRM	Dwight L. Pierce 1200 E. Taft St. Sapulpa, OK 74066
ARTICLE V: Effective date, if other than the content of the conten	(Use attachment if necessary) late of filing: $\frac{1-1-20/0}{(OPTIONAL)}$.
(The effective date: 1) cannot be prior to no document is filed by the Florida Departmen the effective date listed in the attached Ce date is listed therein.)	or more than 90 days after the date this t of State; <u>AND</u> 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or an autl	norized representative of a member.
(In accordance with section 608.40 of this document constitutes an affirm	08(3), Florida Statutes, the execution rmation under the penalties of perjury ed herein are true.)

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