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Certified Copies	Certificates of Status	
Special Instruction	s to Filing Officer	
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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

69 OEC 31 64 1:3

REFERENCE : 236846 71755

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: December 30, 2009

ORDER TIME : 5:55 PM

ORDER NO. : 236846-005

CUSTOMER NO: 7175508

DOMESTIC CONVERSION FILING

NAME: SANCTUARY RESERVE CORPORATION

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

PP

EXAMINER'S INITIALS:

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this
SANCTUARY RESERVE CORPORATION POWOUND 217
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>corporation</u> (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 <u>January 5, 2006</u> (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:
<u>n/a</u>
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Sanctuary Reserve, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (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

Page 1 of 2

Signed this 31st day of December	20 <u>09</u>	
Signature of Member or Authorized Representa	tive of Limited Liability Company:	
Signature of Member or Authorized Representative Printed Name: Colin M. Kihnke	: Title: Manager	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]	
Signature: Printed Name: Colin M. Kihnke	Title: <u>President</u>	
Signature:		
Printed Name:	Title:	
Signature:		
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 Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.		
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)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANCTUARY RESERVE, 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:

225 W. Ohio Street 6th Floor Chicago, Illinois 60654 225 W. Ohio Street 6th Fl Chicago, Illinois 60654

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:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee
FL 32301

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..

Corporation Service Company

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	COLIN M. KIHNKE 225 W. Ohio Street 6th Floor Chicago, Illinois 60654
	(Use attachment if necessary)
CLE V: Effective date, if other than the	e date of filing: December 31, 2009 (OPTIONAL)

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

REQUIRED SIGNATURI

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.)

Robert E. Connolly, Authorized Representative of Member 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)

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