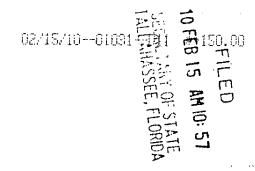
L10000018049

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

Office Use Only



400163751524





10:	Division of Corporations
SUBJI	ECT: WAMPUM, LLC
	(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

CONNIE S. MOORE			-	
	(Contact Person)			
FEE, DeROSS & FEE, P	P.L.		_	
	(Firm/Company)		_	
426 AVENUE A				
	(Address)		-	
FORT PIERCE, FL 349	82			
(0	City, State and Zip Code)		•	
fishing@allabout.webma	il.com			
E-mail Address: (to b	e used for future annual re	port notifications)	•	
For further information	on concerning this ma	tter, please call:		
CONNIE MOORE		at (⁷⁷²)461-50	020
(Name of Conta	ct Person)		and Day	time Telephone Number)
Enclosed is a check f	or the following amou	nt:		
☑ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$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

FILED

10 FEB 15 AM 10: 57

DOME TANY OF STATE TALLAHASSEE, FLORIDA-

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.

	(Enter Name of Other Business Entity)
	• • • • • • • • • • • • • • • • • • • •
2. The "O	ther Business Entity" is a corporation L75607
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organi	zed, formed or incorporated under the laws of Florida
J	(Enter state, or if a non-U.S. entity, the name of the country)
on May 24,	1990
	1770
(Enter d	late "Other Business Entity" was first organized, formed or incorporated
(Enter d	
(Enter do 3. If the juunder the la N/A) 4. The name	late "Other Business Entity" was first organized, formed or incorporated risdiction of the "Other Business Entity" was changed, the state or country
(Enter do 3. If the juunder the la N/A) 4. The name	risdiction of the "Other Business Entity" was first organized, formed or incorporated aws of which it is now organized, formed or incorporated: ne of the Florida Limited Liability Company as set forth in the attached Organization:
(Enter do 3. If the juunder the land N/A 4. The nan Articles of	risdiction of the "Other Business Entity" was first organized, formed or incorporated aws of which it is now organized, formed or incorporated: ne of the Florida Limited Liability Company as set forth in the attached Organization:
(Enter do 3. If the juunder the land was a second was a s	risdiction of the "Other Business Entity" was first organized, formed or incorporated aws of which it is now organized, formed or incorporated: ne of the Florida Limited Liability Company as set forth in the attached Organization:

Signed this 17th day of February	
Signature of Member or Authorized Representa	ative of Limited Liability Company:
Signature of Member or Authorized Representative Printed Name: TERRY W. SHAFER	e:
Signature(s) on behalf of Other Business Entity: [•
Signature: Printed Name: TERRY W. SHAFER	
Printed Name: TERRY W. SHAFER	Title: President
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DT	CI	F	Ι_	No	me.

The name of the Limited Liability Company is:

WAMPUM, 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 Orange Avenue	225 Orange Avenue
Fort Pierce, FL 34950	Fort Pierce, FL 34950

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
(P.O. Box NOT acceptable)
FL 34950

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

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:
MGRM	TERRY W. SHAFER 225 Orange Avenue Fort Pierce, FL 34950
·	
	(Use attachment if necessary)
CLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
effective date: 1) cannot be prior to nent is filed by the Florida Departm fective date listed in the attached (s listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this tent of State; AND 2) must be the same as Certificate of Conversion, if an effective
effective date: 1) cannot be prior to nent is filed by the Florida Departm fective date listed in the attached is listed therein.) REQUIRED SIGNATURE: Signature of a member or an acceptance of the prior to the p	(OPTIONAL) nor more than 90 days after the date this sent of State; AND 2) must be the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion, if an effective to the same as Certificate of Conversion to the same as Certificate of Conversion to the same as Certificate to the same
effective date: 1) cannot be prior to nent is filed by the Florida Departm fective date listed in the attached is listed therein.) REQUIRED SIGNATURE: Signature of a member or an automatic of this document constitutes an automatic fective date.	(OPTIONAL) nor more than 90 days after the date this tent of State; AND 2) must be the same as Certificate of Conversion, if an effective
effective date: 1) cannot be prior to ment is filed by the Florida Departm fective date listed in the attached is listed therein.) REQUIRED SIGNATURE: Signature of a member or an automatic of this document constitutes an automatic fective date.	(OPTIONAL) nor more than 90 days after the date this sent of State; AND 2) must be the same as Certificate of Conversion, if an effective uthorized representative of a member. 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2