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(Re	questor's Name)	·
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(Aut	uress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(D ₁₁ /	siness Entity Nar	ma)
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(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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10 FEB 24 AMII: 39

NECRETARY OF STATE
NETATIONS OF STATE
NETAT

N. Calles FEB 2 5 2010

COVER LETTER

TO:

Registration Section

Division of C	orporations			
SUBJECT: Millhopp	er Montessori School, LLC			
	(Name of Resulting		ompany)	
	isiness Entity" into a "	-		and fees are submitted to ty Company" in
Please return all corre	espondence concerning	g this matter to:		
Julia Cook			_	
	(Contact Person)			
Bovay & Cook, PA				
	(Firm/Company)			
901 NW 57th Street				
	(Address)			
Gainesville, FL 32605				
(0	City, State and Zip Code)		_	
		·· · · · · · · · · · · · · · · · · · ·	_	
E-mail Address: (to b	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
Julia Cook		at (352) 331-9	092
(Name of Conta	ct Person)		e and Da	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:		
□ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	2\$180.00 Filing and Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Cent	ions er Circle	Regist Divisi P. O. I	ration S on of C Box 632	orporations

FILED 10 FEB 24 AMII: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: Millhopper Montessori School, Inc. J09280					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a corporation					
(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 04/15/1986					
(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:					
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:					
Millhopper Montessori School, 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 listed therein.)					

Signed this 15 day of February	_ 20 ¹⁰
Signature of Member or Authorized Representa	tive of Vimitad Liability Company
organization remote of Authorized Representa	Me and Madilly Company.
Signature of Member or Authorized Representative Printed Name: Christina Miller	: Maskarth Ille
Printed Name: Christina Miller	Title: President
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]
Signature: Printed Name: Christina Miller Signature:	
Signature: Christing Millor	Title: President
Printed Name: Christina Miner	_ little: Flesident
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	ent i
Printed Name:	little:
Signatura	
Signature:Printed Name:	
Trimed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	Officer.
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
TERM IN THE COURT OF THE STATE OF	71 to 15 to 11
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
biginature of all auditorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Comp	pany is:
Millhopper Montes (Must end with the wo "LLC.")		y," the abbreviation "L.L.C.," or the designation
_	ess and street address of	f the principal office of the Limited
Liability Compai	ny is:	
Principal Office	Address:	Mailing Address:
8505 NW 39th Aver	nue	8505 NW 39th Avenue
Gainesville, FL 3260		Gainesville, FL 32606
Signature: (The Limited Liability individual or another business entity with a	Company cannot serve as its o	sistered Office, & Registered Agent's wn Registered Agent. You must designate an of the registered agent are:
		Name
	8505 NW 39th Avenue	
	Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
	Gainesville	FL 32606
	Ci	ty, 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.

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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Christina Miller	
	8505 NW 39th Avenue	
	Gainesville, FL 32606	
		-
	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing:	
	(OPTIONAL)	
(The effective date: 1) cannot be prior to r	•	
document is filed by the Florida Departme the effective date listed in the attached C		
date is listed therein.)	ertificate of Conversion, if an effective	
aute is listed therein.	· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	AHA AHA	77
	SSR 4	_
Masardill	/ Lla Ho	ED
Signature of a member or an au	thorized representative of a member:	_
of this document constitutes an af	408(3), Florida Statutes, the execution with the penalties of perjury ated herein are true.)	
Christina Miller		
Typed or prin	ited 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