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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

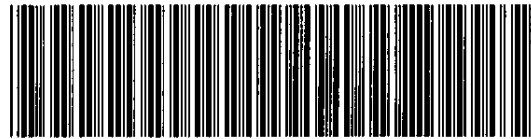
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/09/10--01026--004 **180.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AUG 11 2010



JOHN S. BRADLEY
jsb@pkhlawyers.com

PARSONS KINGHORN HARRIS
A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW
111 East Broadway, 11th Floor
Salt Lake City, Utah 84111
Phone 801 363 4300
Fax 801 363 4378
www.pkhlawyers.com

August 5, 2010

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: UINTA MEDICAL SOLUTIONS, LLC

To Whom It May Concern:

Please find enclosed herein for filing with your office, in duplicate, the *Cover Letter* concerning the enclosed *Certificate of Conversion*, together with the *Articles of Organization* all of which pertain to **UINTA MEDICAL SOLUTIONS, LLC**.

Please note that I have also enclosed check number 16235 in the amount of \$180.00 (\$25.00 to file the *Conversion*, \$125.00 to file the *Articles of Organization* and \$30.00 for the return of a Certified Copy). I have enclosed sufficient copies of the referenced documents which I am requesting be certified and returned. For your convenience, I am also providing herein a stamped, self-addressed envelope for the return of the certified copy to my attention.

If you should have any questions concerning any of the enclosed documents or if the

State of Florida
Registration Section
Division of Corporations
August 5, 2010
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filing fees have been miscalculated in any way, please telephone our office immediately at (801) 363-4300.

Thank you in advance for your time and assistance in this matter.

Cordially,

PARSONS KINGHORN HARRIS
A PROFESSIONAL CORPORATION



John S. Bradley

JSB/jld
Enclosures
Cc: Adam A. Pike (w/o encl.)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uinta Medical Solutions, 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:

John S. Bradley

(Contact Person)

PARSONS KINGHORN HARRIS, P.C.

(Firm/Company)

111 E. Broadway, Suite 1100

(Address)

Salt Lake City, Utah 84111

(City, State and Zip Code)

jsb@pkhlawyers.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

John S. Bradley

(Name of Contact Person)

at (801) 363-4300

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$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

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DIVISION OF CORPORATIONS
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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 Certificate of Conversion is:

Uinta Medical Solutions, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company.

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Utah
(Enter state, or if a non-U.S. entity, the name of the country)

on November 11, 2009.

(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**:

Uinta Medical Solutions, LLC

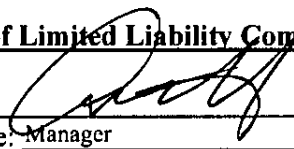
(Enter Name of Florida Limited Liability Company)

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 1st day of July 20¹⁰.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 
Printed Name: Adam A. Pike Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: *PLEASE SEE ATTACHED Title: _____

Signature: _____
Printed Name: _____ Title: _____

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 Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

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.

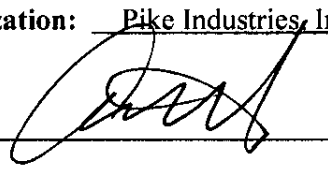
Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ATTACHMENT ONE TO CERTIFICATE OF CONVERSION FOR UINTA MEDICAL SOLUTIONS, LLC:

Signature(s) on behalf of Other Business Entity:

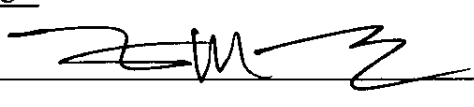
1. **Name of Entity/Organization:** Pike Industries, Inc., Member-Manager of Uinta Medical Solutions, LLC

Signature:  _____

Typed or Printed Name of Individual:

By: Adam Ashley Pike, President of Pike Industries, Inc.

2. **Name of Entity/Organization:** Arturus Industries, Inc., Member-Manager of Uinta Medical Solutions, LLC

Signature::  _____

Typed or Printed Name of Individual:

By: Bret M. Berry, President of Arcturus Industries, Inc.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - Name:

The name of the Limited Liability Company is:

Uinta Medical Solutions, 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:

11313 Mandarin Ridge Lane
Jacksonville, FL 32258

Mailing Address:

545 W. 500 S.

Suite 100

Bountiful, UT 84010

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:

Barbara Naif

Name

11313 Mandarin Ridge Lane

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL 32258

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..

Barbara Naif
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Adam A. Pike

545 W. 500 W., Suite 100

Bountiful, UT 84010

MGR

Bret M. Berry

514 Frank Shaw Road

Tallahassee, FL 32312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.

(OPTIONAL)

(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 SIGNATURE:



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.)

Adam A. Pike, MGR

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)