L10000129166

| (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



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BEALLIZER US SATE DIVISION SECONDONS TALLAHASSEF, FLORIDA

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10 DEC 17 PM 2: 2

FILED
10 DEC 17 M & 28
SECRETARY OF STATE

J. BRYAN

DEC 17 2010

EXAMINER

COVER LETTER

| _ | of Corporations | | | |
|--|---|---|---|----------------------------|
| SUBJECT: | MCCULLION | MANAGEMEN | T CONSULTING | i LLC |
| | (Name | of Resulting Florida Limited | d Company) | |
| | | | on, and fees are submitte pany" in accordance wit | |
| Please return all | correspondence concert | ning this matter to: | | |
| THOMA | (Contact Person) 100 MANAGE (Firm/Company) | MON | | |
| 1100 | (Contact Person) | AL- I - Amic | | |
| Mecuci | 100 MANAGE (Firm/Company) | MENT CONSU | CING LL | |
| | | | | |
| | CADDO DR (Address) | | | |
| TALLA | (City, State and Zip Coo | 32311-210 | >7 | 5 BCREE |
| E-mail address: (to | Tou. McCuu be used for future annual rep | JONE GMAIL port notifications) | , com | TARY |
| For further infor | mation concerning this | matter, please call; | | EE.F.S |
| TOM M (Name of | (CCuccion) | at (850) (Area Code and | 445 - 906 5 Daytime Telephone Number | 28 ORIGINAL ORIGINAL |
| Enclosed is a ch | eck for the following an | nount: | | |
| \$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization) | and Certificate of | \$180.00 Filing Fees and Certified Copy | \$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| STREET ADD Registration Sec Division of Corp Clifton Building 2661 Executive | ction porations | Registration Division o P. O. Box | f Corporations | |

Tallahassee, FL 32301

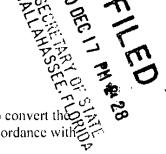
Certificate of Conversion

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: MCCULLON MANAGEMENT CONSULTING TNC. (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of FURDA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 12810 (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: |
| MCCULION MANAGEMENT CONSULTING LLC. (Enter Name of Florida Limited Liability Company) |
| 5. If not effective on the date of filing, enter the effective date: |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion. |
| 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is |

currently organized, formed or incorporated.

| Signed this 17 day of Deem | 30 20 <u>10</u> | |
|--|---|-------------|
| Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide | presentative of Limited Liability Company: ated in this document are frue. Any false info | ermation |
| Signature of Member or Authorized Repres | centative: Title: Patter Dent | - |
| this document are true. Any lake informat s.817.155, F.S. [See below for equired sign | | ided for in |
| Signature: Who was w. Mcc | recess Title: MANGING MENTER | |
| Signature:Printed Name: | Title: | ~ |
| Signature:Printed Name: | Title: | TAPECARE TO |
| Signature:Printed Name: | Title: | PILEUR 29 |
| Signature:Printed Name: | Title: | DF STA |
| Signature: Printed Name: | Title: | OP! |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Directors or Officers have not been selected. | | |
| If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | |
| If Florida Limited Partnership or Limited Signatures of ALL General Partners. | Liability 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) Page 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ٨ | R | Τ | \mathbf{IC} | LE | 1 - | N | am | e: |
|---|---|---|---------------|----|-----|---|----|----|
|---|---|---|---------------|----|-----|---|----|----|

The name of the Limited Liability Company is:

MCCULLION MANAGEMENT CONSULTING 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: |
|------------------------------|------------------|
| 5473 CADDO DR | SAME |
| TALLAHASSEE FL | |
| TALLAHASSEE FL 32311-2107 | |
| | |

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:

THOMAS W. MCCULUON
Name

5473 CADDODR.
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32311-2107 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| ٨ | RTICLE | 1V- | Manager | s) or | Managing | Member | (8): |
|-----|------------|-----------|------------|--------|-------------|-----------|------|
| 7.1 | IN I I CHA | , , , , , | wianazci (| 3 J WI | TATA HAZINE | TATCHENCE | 131. |

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

| Title: Nam "MGR" = Manager | e and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGRM | THOMAS W. MCCULLON 5473 CADDO DK TACLAHASSEE, FL 32311-2107 |
| | |
| | |
| | TALL |
| | AHAS EC |
| | SEE T |
| (Use attachment if necessary) | STATE STATE |
| ARTICLE V: Effective date, if other than the | he date of filing:(OPTIONAL) |
| (The effective date: 1) cannot be prior to n the Florida Department of State; <u>AND</u> 2) Certificate of Conversion, if an effective da | nor more than 90 days after the date this document is filed by must be the same as the effective date listed in the attached ate listed therein.) |
| REQUIRED SIGNATURE: | De |
| (In accordance with section 608.408(3), Florish the penalties of perjury that the facts stated h | horized representative of a member. da Statutes, the execution of this document constitutes an affirmation under crein are true. I am aware that any false information submitted in a stee a third degree felony as provided for in s.817.155, F.S.) |
| TAOMAS (| printed name of signee |
| | |