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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

DEC 29 2010

EXAMINER



400188927584

10 DEC 27 PM 12: 13

Havens & Miller, PLLC

Destin, FL 32541 Tel: (850) 424-6442 Fax: (866) 346-7782

Florida/Main Office:

4481 Legendary Dr Ste 204

Destin, FL • Nashville, TN • New Orleans, LA www.trustestatelaw.net

Tennessee Office: 9005 Overlook Dr Brentwood, TN 37027 Tel: (615) 543-6442 Fax: (866) 346-7782

Jason E. Havens

Attorney at Law*+#f

- * Admitted in FL & TN
- + Board Certified in Wills, Trusts & Estates Law, The Florida Bar
- ‡ Board Certified Estate Planning Law Specialist, Tennessee Commission on Continuing Education and Specialization
- £ Master of Laws (LL.M.) in Estate Planning: Master of Laws (LL.M.) in International Taxation

December 22, 2010

CONFIDENTIAL VIA REGULAR MAIL

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

RE: Barton, Fenstermaker, Wing & Associates, Inc. - Conversion

To Whom It May Concern:

Please find enclosed the appropriate forms for the conversion of Barton, Fenstermaker, Wing & Associates, Inc. The filing fee has also been included.

Should you have questions or need additional information, please contact us at your earliest convenience.

Sincerely yours,

HAVENS & MILLER, P.L.L.C.

Jason E. Havens

JEH/

Enclosures

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Barton		Wing & Associate: Florida Limited Company)	s, LLC
	siness Entity" into a "l	ticles of Organization, Florida Limited Liabili	and fees are submitted to ty Company" in
Please return all corre	espondence concerning	g this matter to:	
Jason E. Havens	s, Attorney at	Law	
	(Contact Person)		
Havens & Miller	r, P.L.L.C.		
	(Firm/Company)		
4481 Legendary	Dr Ste 204		
	(Address)		
Destin, FL 325	41		
	City, State and Zip Code)		•
For further information	on concerning this mat	ter, please call:	
Jason E. Havens	5	at (850) 424	-6442
(Name of Contact	ct Person)	_ \	ytime Telephone Number)
Enclosed is a check for	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 Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, F	Section orporations 27

P98-20539

10 DEC 27 PM 12: 14

ALLAHASSEE, 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.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: Barton, Fenstermaker, Wing & Associates, Inc.		
	(Enter Name of Other Business Entity)	
	corporation e: corporation, limited partnership, amon law or business trust, etc.)	
first organized, formed or incorporated und (Enter state, or if a non-U.S	der the laws of Florida S. entity, the name of the country)	
	was first organized, formed or incorporated) as Entity" was changed, the state or country d, formed or incorporated:	
4. The name of the Florida Limited Liabili Articles of Organization:	ity Company as set forth in the attached	
Barton, Fenstermaker, Wing & Associates, LL		
(Enter Name of Florida	a Limited Liability Company)	
document is filed by the Florida Departr	er the effective date: 01/01/2011 o nor more than 90 days after the date this ment of State; AND 2) must be the same as the cles of Organization, if an effective date is	

Signed thi	s <u>15th</u>	_ day of <u>January</u>	20_10	
Signature	of Membe	er or Authorized Repr	esentative of Limited Liabili	ty Company:
			ntative:	
Printed Na	me: <u>David I</u>	E. Barton	Title: Managing Memb	er
		of Other Business En	tity: [See below for required	signature(s).]
Signature:	100	T. Davier	m'd Procident	
Printed Na	mie: <u>David I</u>	=. Barton	Title: President	
Cianatura	(X)			
Drinted No.	ma Sent 1	Fenstermaker	Title: Vice President	
		,		•
Signature:	Contu	Wing	Title: Secretary	
Printed Na	me: Cathy	Wing ~	Title: Secretary	
Signature:				
Printed Na	me:		Title:	
Signature:	-			
Printed Na	me:		Title:	
a :				
Printed Na	me:		Title:	
If Florida	Corporation	on•		
		n, Vice Chairman, Direct	or or Officer	
			an Incorporator must sign.	
If Florida	General Pa	artnership or Limited l	iability Partnership:	
		eral Partner.		
			<u>iability Limited Partnership:</u>	•
Signatures	of ALL G	eneral Partners.		
All others	-			
Signature of	of an author	rized person.		
Fees:				
Ca	rtificate of	Conversion:	\$25.00	
		da Articles of Organiza		
	es for Flori ertified Cop	•	\$30.00 (Optional)	
	rtificate of		\$5.00 (Optional)	
	ranicate of	Status.	ψυ.ου (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barton, Fenstermaker, Wing & Associates, 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:
28-B Walter Martin Rd NE	28-B Walter Martin Rd NE
Fort Walton Beach, FL 32548	Fort Walton Beach, FL 32548

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:

Jason E. Havens		
	Name	_
4481 Legendary	Dr Ste 204	_
Florida street address	(P.O. Box NOT	acceptable)
Destin	FL_	32541
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

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	David E. Barton
	28-B Walter Martin Rd NE
	Fort Walton Beach, FL 32548
	(Use attachment if necessary)
	(Ose attachment if necessary)
CLE V: Effective date,	if other than the date of filing: OI/OI/2011.
ffective date: 1) canno	ot be prior to nor more than 90 days after the date this
	ida Department of State; AND 2) must be the same as
	he attached Certificate of Conversion, if an effective
ective date listed in t listed therein.)	

(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.)

David E. Barton

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)