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	(Requestor's Name)	
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PICK-UI	P WAIT	MAIL .
	(Business Entity Name)	
	(Document Number)	\
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	

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DEPARTMENT OF STATE DIVISION OF CORPORALIONS TALLAHASSEE, FLORIDA

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B. KOHR

DEC 8 0 2010

EXAMINER

10 DEC 30 PH 4: 08

SECRETARY OF STATE DIVISION OF CORPORATIONS

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sarah Kate Snyder	Inc	
to		
Studio Snyder LLC		
		· · · · · · · · · · · · · · · · · · ·
hannalaw@aol.com	n	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
	•	Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
	•	Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: BN	12/30/10 p.m.	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 1! Retrieval
Walk-In	Will Pick Hn	Country

## 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: Sarah Kate Snyder, Inc.  Provider Snyder, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> (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 July 8, 2010  (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:
Studio Snyder 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.)
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 30 day of December 20	10
Signature of Member or Authorized Representative of Individual signing affirms that the facts stated in this deconstitutes a third degree felony as provided for in s.81	ocument are true. Any false information 7.155, F.S.
Signature of Member or Authorized Representative:  Printed Name: Linda C. Hanna  Title	le: Authorized Representative
Signature(s) on behalf of Other Business Entity: Individe this document are true. Any false information constitutes.817.155, F.S. [See below for required signature(s).]	es a third degree felony as provided for in
Signature: Sesal Lade Source	dan
Signature: OUSAC A STE THE Printed Name: Sarah Kale SNyder (Tit)	O' Circulat
Finited Traine, Saran Raile Snyder	DITECTO!
Signature:	. ·
Signature: Titl	le:
Signature: Titl	
Printed Name: Titl	le:
O'LL CA	
Signature: Titl	la
Frinced Name	
Signature:	
Signature: Titl	le:
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Printed Name: Titl	le:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Office If Directors or Officers have not been selected, an Incorporation.	
If Florida General Partnership or Limited Liability Par Signature of one General Partner.	<u>rtnership:</u>
If Florida Limited Partnership or Limited Liability Lin Signatures of ALL General Partners.	nited 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 \$125.00 \$30.00 (Option Page 2 of Conversion)  \$30.00 Option Page 2 of Conversion:	ional)

ARTICLES OF ORGANIZ	CATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabil.	ity Company is:
The hame of the Elimed Elaon.	ny company is.
Studio Snyder LLC	
(Must end with the words "Limited Liabili	ity Company, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1009 West Heritage Club Circle	1009 West Heritage Club Circle
Delray Beach, Florida 33483	Delray Beach, Florida 33483
(The Limited Liability Company cannot st business entity with an active Florida reg	gent, Registered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individual or another instruction.) address of the registered agent are:
Linda	C. Hanna
	Name
<u>600 s</u>	South Magnolia Ave. Suite 125
Florid	da street address (P.O. Box NOT acceptable)
Tampa	FL 33606
	City, State, and Zip
Having been named as registere	d agent and to accept service of process for the above stated limited lia

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

IIX CODII A C	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGRM	Sarah Kate Snyder
·	1009 West Heritage Club Circle
•	Deiray Beach, Florida 33483
/II	
(Use attachment if necessar	
TICLE V: Effective date, if	other than the date of filing: (OPTIONAL)
	(CDTTCALAT)
ne effective date: 1) cannot be	or normal) or more than 90 days after the date this document is filed by
ne effective date: 1) cannot be Florida Department of Stat	e prior to nor more than 90 days after the date this document is filed by e; AND 2) must be the same as the effective date listed in the attached
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