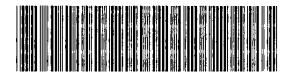
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE ONS. TOURS OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Results Plus Partners,LL	С	
(Name of Res	ulting Florida Lin	nited Company)
The enclosed Certificate of Conversion, Artic "Other Business Entity" into a "Florida Limit		
Please return all correspondence concerning t	his matter to:	
Diana Casteel		
(Contact Person)		
Results Plus Partners,LLC		
(Firm/Company)		
10680 SW Southgate Ct.		
(Address)		
Port Saint Lucie, FI 34987		
(City, State and Zip Code)		
Diana@resultsplusllc.com		
E-mail address: (to be used for future annual report no	tifications)	
For further information concerning this matte	r, please call:	
Diana Casteel	at (_866	670-7587
(Name of Contact Person)	(Area Code	and Daytime Telephone Number)
Enclosed is a check for the following amount	:	
	\$180.00 Filing Fee and Certified Copy	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Division P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314

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:
Results Plus, LLC M08 - 4586
(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 Virginia
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>02/17/2006</u> .
(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:
<u>Florida</u> .
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Results Plus Partners,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 day of May_	20
Signature of Member or Authorized Rel Individual signing affirms that the facts st constitutes a third degree felony as provid	oresentative of Limited Liability Company: ated in this document are true. Any false information ed for in s.817.135, F.S.
Signature of Member or Authorized Representation Name: Diana (05/60)	sentative:
	Entity: Individual(s) signing affirm(s) that the facts stated in tion constitutes a third degree felony as provided for in nature(s).]
Signature: MISTY Pembrok Printed Name: MISTY Pembrok	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Printed Name:	
	Title:
Signature: Printed Name:	Title:
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

ARTICLE I - Name: The name of the Limited Liability Company is	s:
	,
Results Plus Partners,LLC	·
(Must end with the words "Limited Liability Company, the ab	breviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10680 SW Southgate Ct.	P.O Box 880053
Port Saint Lucie, Fl 34987	Port Saint Lucie, FI 34987
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
<u>Diana Casteel</u>	
	Name
10680 SW Southg	ate Ct
	s (P.O. Box <u>NOT</u> acceptable)
Port Saint Lucie, FI 3	4987
City	, State, and Zip
company at the place designated in this certifical agree to act in this capacity. I further agree to a proper and complete performance of my duties, a position as registered agent as provided for in C	accept service of process for the above stated limited liability ite, I hereby accept the appointment as registered agent and comply with the provisions of all statutes relating to the and I am familiar with and accept the obligations of my Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGRM" = Managing Member MGRM Diana Casteel 10680 SW Southgate Ct Port Saint Lucie, FI 34987 MGR Misty Pembroke 10680 SW Southgate Ct Port Saint Lucie, FI 34987 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: (OPTIONAL) e effective date: 1) cannot be prior to nor more than 90 days after the date this document is file Florida Department of State; AND 2) must be the same as the effective date listed in the attactificate of Conversion, if an effective date listed therein.) OUIRED SIGNATURE: Signature of a member or an authorized representative of a member.		ame and Address:	
MGRM Diana Casteel 10680 SW Southgate Ct Port Saint Lucie, FI 34987 Misty Pembroke 10680 SW Southgate Ct Port Saint Lucie, FI 34987 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: e effective date: 1) cannot be prior to nor more than 90 days after the date this document is file Florida Department of State; AND 2) must be the same as the effective date listed in the attactificate of Conversion, if an effective date listed therein.)	"MGR" = Manager "MGRM" = Managing Member		
MGR Misty Pembroke 10680 SW Southgate Ct Port Saint Lucie, Fl 34987 Misty Pembroke 10680 SW Southgate Ct Port Saint Lucie, Fl 34987 (Use attachment if necessary) (Use attachment if necessary) TCLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date: 1) cannot be prior to nor more than 90 days after the date this document is file Florida Department of State; AND 2) must be the same as the effective date listed in the attacificate of Conversion, if an effective date listed therein.)	Widning Member		
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vuired signature:			
Diana Castel	,	,	
Signature of a member or an authorized representative of a member.	UIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.		\wedge	
Signature of a member or an authorized representative of a member.	1)10 0 /	Lata A	
Signature of a member or an authorized representative of a member.		asilo	
	Signature of a member or an 3	authorized representative of a member.	
	(In accordance with section 608.408(3), Fl	orida Statutes, the execution of this document constitutes and herein are true. I am aware that any false information subj	n affirmation u

Page 2 of 2

Typed or printed name of signee