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| (F | Requestor's Name) | | | | |
|---|-------------------------|--|--|--|--|
| (A | Address) | | | | |
| | Address | | | | |
| (0 | City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (E | Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



300211773133

Effective Date 9-15-11

09/19/11--01034--021 **150.00

SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 23 2011

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32301

TO:

| SUBJECT: ASROTECH INVESTME | ENTS LLC | |
|---|---|----|
| | esulting Florida Limited Company) | |
| | icles of Organization, and fees are submitted to convert ited Liability Company" in accordance with s. 608.439 | |
| | uns matter to. | |
| LANCE LEWIS | • | |
| (Contact Person) | | |
| ASTROTECH INVESTMENTS LLC | | |
| (Firm/Company) | | |
| 6617 E LOWDEN ST | _ | |
| (Address) | SE SE | |
| INVERNESS,FL 34452 | SECRETAR) ALLAHASSI | 'n |
| (City, State and Zip Code) | TAR ASS | |
| LDJWOOD@BELLSOUTH.NET | otifications) | m |
| E-mail address: (to be used for future annual report no | otifications) | |
| For further information concerning this matter | er, please call: | , |
| LANCE LEWIS | at (352) 4194421 | |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) | |
| Enclosed is a check for the following amount | ıt: | |
| | \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations Clifton Building | Division of Corporations P. O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, 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: ASTROTECH INVESTMENTS LLC (Enter Name of Other Business Entity) 7-26-07 |
|---|
| 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 NEVADA (Enter state, or if a non-U.S. entity, the name of the country) |
| on 06/22/2007 (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: |
| ASTROTECH INVESTIGENTS LLC |
| (Enter Name of Florida Limited Liability Company) |
| 5. If not effective on the date of filing, enter the effective date: 09/15/2011 (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.

| 4 | Signed this 15 day of SEPTEMBER | <u>20 11</u> | |
|----------------|---|---------------------------------------|-----------------------|
| au. | | | |
| • | Signature of Member or Authorized Rep | | |
| ć | Individual signing affirms that the facts sta | • • • • • • • • • • • • • • • • • • • | false information |
| | constitutes a third degree felony as provide | ed for in s.817.155, F.S. | |
| | Gi | Namethou | |
| | Signature of Member or Authorized Repres | entative: X Multiplett | |
| | Printed Name: LANCE LEWIS | Title: MGR // | |
| ٠. | gi, to the | | |
| i, | Signature(s) on behalf of Other Business E | | |
| Ý | this document are true. Any false informat | • | y as provided for in |
| | s.817.155, F.S. [See below for required sign | ature(s). | |
| | Signature: | | |
| | Printed Name: LANCE LEWIS | Title: MGR | |
| | MIDD ENTITE | HOI. | |
| | Signature: | | |
| e jaris Jan | Signature: | Title: | |
| | N. M. | | |
| it Sir | Signature:Printed Name: | | |
| | Printed Name: | Title: | |
| | 0. | | |
| , | Signature: | T:41 | |
| | Printed Name: | Title: | |
| r | Signature: | | E SE |
| | Printed Name: | Title: | CRETA |
| ٠. | Timod Namo. | 17000 | ATA T |
| | Signature: | | I9 |
| | Printed Name: | Title: | ,,,,C, |
| , | | | |
| i., | If Florida Corporation: | | |
| 4; | Signature of Chairman, Vice Chairman, Direct | | 09 10 _A |
| ¥ | If Directors or Officers have not been selected | d, an Incorporator must sign. | |
| : | TABLE 13. Committee 4. old out 1. 4. 3 | T. C. B. SPA The coal control of the | |
| | If Florida General Partnership or Limited Signature of one General Partner. | Liability Partnership: | |
| | C | | |
| ۇ. ق | If Florida Limited Partnership or Limited | Liability Limited Partnership: | |
| ٠. ١٠ | Signatures of ALL General Partners. | | |
| ÷ | | | |
| , ,; | All others: | | |
| | Signature of an authorized person. | | |
| | | | |
| | Fees: | | |
| | | | |
| ٠ | Certificate of Conversion: | \$25.00 | |
| | Fees for Florida Articles of Organization: | \$125.00 | |
| • | Certified Copy: | \$30.00 (Optional) | |
| | Certificate of Status: | \$5.00 (Optional) | |
| | | Page 2 of 2 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | TI | CI | Æ | I. | . N | am | e |
|---|---|----|----|---|----|-----|----|---|
| | | | | | | | | |

The name of the Limited Liability Company is:

ASTROTECH INVESTMENTS 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: | | |
|--|------------------------------------|----------------|---|
| 6617 E LOWDEN ST | 6617 E LOWDEN ST | | |
| INVERNESS, FLORIDA | INVERNESS,FLORIDA | | |
| 34452 | 34452 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. | registered agent are: | 2011 SEP 19 AM | |
| | Name CST | ά — | |
| 6617 E LOWDEN S | Name FLORIDA | 90 : | |
| Florida street address | s (P.O. Box <u>NOT</u> acceptable) | | |
| INVERNESS | FL 34452 , State, and Zip | | • |
| 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, PS.

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:

| | Title: | Name and Address: | | |
|------------|---------------------------------------|---|------------------------|------------|
| | "MGR" = Manager | | | |
| • | "MGRM" = Managing M | ember | | |
| | MGR | LANCE LEWIS | | |
| · | · · · · · · · · · · · · · · · · · · · | 6617 E LOWDEN ST | | |
| ΄. | | INVERNESS,FL 34452 | | |
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| | | | > • | |
| ART | TICLE V: Effective date, if | fother than the date of filing: (OPTIONAL) | | |
| (The | effective date: 1) cannot b | (OFTIONAL) be prior to nor more than 90 days after the date this do | cument is | filed by |
| | | ate; AND 2) must be the same as the effective date liste | | |
| | | effective date listed therein.) | | |
| | | | | |
| REC | <u>DUIRED</u> SIGNATURE | | | |
| | \bigcap | | | |
| | 1 4/1014 | IL XDW | | • |
| | Signature of a mem | iber of an authorized representative of a member. | | |
| | (In accordance with section 60) | 8.408(3), Florida Statutes, the execution of this document constitutes | s an affirmati | on under |
| | the penalties of periury that the | e facts stated herein are true. I am aware that any false information s | submitted in a | 1 |
| | document to the Department o | f State constitutes a third degree felony as provided for in s.817.155 | , r.S.) | |
| | LANCE LEWI | IS | | |
| | | Typed or printed name of signee | | |