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| (Requestor's Name) (Address) | |
| (Address) (Address) | 000212282420 |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | FILED 2011 OCT 10 AM 9: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Office Use Only | · |
| | J. SAULSBERRY EXAMINER |
| | |

OCT11 2011

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: <u>Native Dynamics</u>, Inc.

ه. ا

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

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____ ___

| Jess Marschke | | | | | | | | | |
|--|--|------------------------------|--------------------------------|----------------------------|---|---------|---------------|-----------|---|
| | (Contact Person) | | | | | | | | |
| Business Filings Incorpor | ated | | | | | | | | |
| | (Firm/Company) | | | | | | | | |
| 8040 Excelsior Dr Suite 2 | 200 | | | | | | | | |
| | (Address) | | | | | 5 | 2 | | |
| Madison WI 53717 | | | | | | SECI | | 19-1-1-1- | |
| (C | ity, State and Zip Code) | | · <u>····</u> | | | RE TARY | 2011 OCT 10 | | , |
| E-mail Address: (to be | e used for future annual rep | ort notificatio | ons) | | | HO | 2 | m | • |
| For further information | on concerning this mat | ter, please o | call: | | | STATE | <u>9</u> 5 | | • |
| Jess Marschke | | _at (608 | <u>)</u> | 827-53 | 00 ext 7618 | 4 | _ω | | |
| (Name of Contac | ct Person) | (Area | Code an | nd Day | time Telephone | Number) | | | |
| Enclosed is a check for | or the following amour | nt: | | | | | | | |
| ☑ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$ 155.00 Filing Fees and Certificate of Status | \$180.00 and Certifie | | | Signature of St Certificate of St Certificate of St | and | | | |
| STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230 | ons er Circle | Re Di P. | egistrati ivision O. Boy | tion Se of Co x 6327 | rporations | | | | |

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: Native Dynamics, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation

P06000007576 (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 1/18/2006

(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:**

Native Dynamics, LLC.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: <u>n</u>. (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.)

Page 1 of 2

| Signat Printed | ture of Member or Authorized Representation ture of Member or Authorized Representation Name: Chad Hill | tive: <u>Mark Min</u> Title: <u>Member</u> | | | |
|---|---|---|-------------------|-------------|---------------------------------------|
| <u>Signat</u> Signat | ture(s) on behalf of Other Business Entity ure: | | | | |
| Printed | d Name: Chad Hill | Title: President | | | |
| | | | | | |
| Printed | ure: d Name: | Title: | | | |
| Signat | ure | | | | |
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ARTICLES OF ORGANIZATION OF Native Dynamics, LLC

ARTICLE I NAME

The name of the limited liability company shall be: Native Dynamics, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12157 W Linebaugh Ave., Ste. 234 Tampa, FL 33626

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Chad Hill 8607 Chadwick Drive, Tampa, FL 33635. Located in the County of Hillsborough.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Member and the names and addresses of the members of the Limited Liability Company are: Chad Hill, 12157 W Linebaugh Ave., Ste. 234 Tampa, FL 33626

Rhonda Hill, 12157 W Linebaugh Ave., Ste. 234 Tampa, FL 33626

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Date: 9/23/2011

Business Filings Incorporated, Organizer Mark Williams, A.V.P. Authorized Representative Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717 800-981-7183



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Native Dynamics, LLC

The name and address of the registered agent and office is Chad Hill 8607 Chadwick Drive, Tampa, FL 33635. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Chad Hi

10/3/4 Date:

10 AM 9:53