

L120000009166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

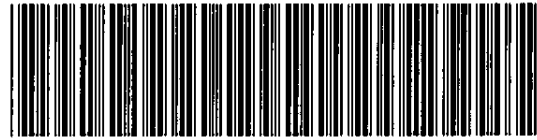
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JAN 19 2012  
**EXAMINER**



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**FILED**  
SECRETARY OF STATE  
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12 JAN 19 PM 2:46

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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**CONTACT:** KATIE WONSCH

**DATE:** 01/19/2012

**REF. #:** 000170.160439

**CORP. NAME:** NULIFE AVIATION, LLC (DE) into NULIFE AVIATION, LLC (FL)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                 |   |  |
| <input checked="" type="checkbox"/> OTHER: CERTIFICATE OF CONVERSION |   |  |

**STATE FEES PREPAID WITH CHECK# 543014 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

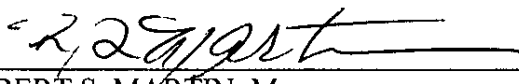
Examiner's Initials

NULIFE AVIATION, LLC  
CERTIFICATE OF CONVERSION

Pursuant to the provisions of Section 608.4403 of the Florida Limited Liability Company Act (the "FL Act"), NULIFE AVIATION, LLC, a Delaware limited liability company (the "Company"), hereby delivers this CERTIFICATE OF CONVERSION for the purpose of converting the Company from a Delaware limited liability company to a Florida limited liability company pursuant to the provisions of Section 608.439 of the FL Act and Section 18-216 of the Delaware Code (the "DE Act").

1. The Company was converted from a Delaware limited liability company.
2. The Company was originally organized on May 6, 2004.
3. The name of the converting organization is NULIFE AVIATION, LLC, a limited liability company formed under the laws of the State of Delaware.
4. The name of the Florida limited liability company is NULIFE AVIATION, LLC.
5. The conversion was approved as required by the FL Act.
6. The conversion was approved in a manner that complied with the DE Act.

NULIFE AVIATION, LLC  
a Delaware limited liability company

  
ROBERT S. MARTIN, Manager 1/10/12  
Date

NULIFE AVIATION, LLC  
a Florida limited liability company

  
ROBERT S. MARTIN, Manager 1/10/12  
Date

NULIFE AVIATION, LLC  
ARTICLES OF ORGANIZATION

The undersigned hereby organizes a limited liability company under the provisions of the Florida Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

ARTICLE 1

Name

The name of this limited liability company is:

NULIFE AVIATION, LLC

(hereafter, the "Company").

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ARTICLE 2

Effective Date

The Company is the successor by conversion to NULIFE AVIATION, LLC, a limited liability company organized under the laws of the State of Delaware on May 6, 2004.

ARTICLE 3

Mailing Address and Principal Office

The address of the principal office and the mailing address of the Company is 1819 Main Street, Suite 1301, Sarasota, FL 34236.

ARTICLE 4

Initial Registered Office and Agent

The street address of the initial registered office of the Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of the Company at that address is David L. Koche.

ARTICLE 5  
Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Robert S. Martin  
1819 Main Street, Suite 1301  
Sarasota, Florida 34236

ARTICLE 6  
Indemnification


The Company shall indemnify any member or manager, or any former member or manager, to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned member of the Company has executed these Articles of Organization this 10<sup>th</sup> day of <sup>January, 2012</sup> ~~December, 2011~~, and the undersigned registered agent acknowledges that he is familiar with, and accepts, the obligations of his position as registered agent of the Company as provided for in Chapter 608 of the Florida Statutes.

Member:

  
\_\_\_\_\_  
ROBERT S. MARTIN

Registered Agent:

  
\_\_\_\_\_  
DAVID L. KOCHÉ