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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FI ORIOA

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APR 24 2012

**EXAMINER** 

#### **COVER LETTER**

Division of Corporations		
SUBJECT: Centerplunge, LLC		
(Name o	of Resulting Florida Limited Company)	<del></del>
	Articles of Organization, and fees are submitted Limited Liability Company" in accordance with	
Please return all correspondence concerr	ning this matter to:	
Peter Hibberd		
(Contact Person)		
Centerplunge, LLC		
(Firm/Company)		
612 SE Central Parkway		
(Address)		
Stuart, Florida 34994		
(City, State and Zip Cod	le)	
pete@hiblaw.com		ners
E-mail address: (to be used for future annual rep	port notifications)	SEI SEI
For further information concerning this	matter, please call:	APR CAHA
Peter Hibberd	at ( 772 ) 600-6746	R 23 M ASSEE.F
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	23 MU: 54 ARY OF STATE SSEE. FLORID
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status	OF S
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle Tallahassee, FL 32301	rananassee, 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 Certific Conversion is:  Centerplunge, Inc.	cate of		
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a corporation			
(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 June 18, 2003			
(Enter date "Other Business Entity" was first organized, formed or incorpo	orated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und which it is now organized, formed or incorporated:	ALTORE T	WS of	4.
Florida	AR)	ည	•
4. The name of the Florida Limited Liability Company as set forth in the attached Articl Organization:	OF STATE	PM 12: 58	Ţ
Centerplunge, LLC	>	<b>6</b> 7	
(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 d filed by the Florida Department of State; AND 2) must be the same as the effective d attached Articles of Organization, if an effective date is listed therein.)	ocumen ate liste	it is d in the	e
6. The conversion is permitted by the applicable law(s) governing the other business entity conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting			1.

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 18 day of April	20 <u>12</u>		
Signature of Member or Authorized Representa Individual signing affirms that the facts stated in t constitutes a third degree felony as provided for in	his document are true. Any false info	rmation	
Signature of Member or Authorized Representative Printed Name: Peter Hibberd	Title: _mg.km	- -	
Signature(s) on behalf of Other Business Entity: In this document are true. Any false information cons.817.155, F.S. [See below for required signature(s	stitutes a third degree felony as provi	facts stated in ded for in	
Signature: Printed Name: Printed Name: Printed HIBBERD	Title: 00 cC	_	
•		_	
Signature:Printed Name:			
Signature:Printed Name:		_ <del>-</del>	
Signature:Printed Name:	Title:	_	
Signature:Printed Name:	Title:	<del>-</del> -	
Signature:Printed Name:	_Title:	<del>-</del>	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		78 S -28	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	IZ APR	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	23 NRY I	
All others: Signature of an authorized person.	3:	PH 12: 55 OF STATE FLORIDA	
Fees:			

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

\$25.00

\$125.00

Certificate of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF OROMINEATION FOR FE		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Centerplunge, LLC		
(Must end with the words "Limited Liability Company, the abbrevia	tion "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address:	Carl a CC and a Calland I limited I liability. Com	io.
The mailing address and street address of the princi	par office of the Limited Liability Con	ipany is.
Principal Office Address:	Mailing Address:	
612 SE Central Parkway	612 SE Central Parkway	
Stuart, Florida 34994	Stuart, Florida 34994	<del></del>
ARTICLE III - Registered Agent, Registered Of	ifice, & Registered Agent's Signature	<b>:</b>
(The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another	r
The name and the Florida street address of the regis	stered agent are:	
Blaine H. Hibberd, P.A.		
	ame	
612 SE Central Parkw		
Florida street address (P.	O. Box <u>NOT</u> acceptable)	
Stuart	FL 34994	
City, Sta	FL 34994 ate, and Zip	
Having been named as registered agent and to accept		
company at the place designated in this certificate, I agree to act in this capacity. I further agree to comp		
proper and complete performance of my duties, and	I am familiar with and accept the obliga	ations of my
position as registered agent as provided for in Chapi		mons of my
X, 1		
7 49	le_	
Paristand Ass	est's Cignature (REQUIDED)	AS &
Registered Age	ent's Signature (REQUIRED)	C 25
		SECRETARY
(CC	ONTINUED)	AAR SS
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Pap	ge 1 of 2	T E STAI
		SE VO
		55 S

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:	
"MGR" = Manager "MGRM" = Managing M	ember	
Widten Wanaging Wi	,	
MGRM	Peter Hibberd	
	612 SE Central Parkway	
	Stuart, Florida 34994	
MGRM	Blaine Hibberd	
	612 SE Central Parkway	
	Stuart, Florida 34994	
<u> </u>		
		<del></del>
		<del></del>
(Use attachment if necess TICLE V: Effective date, i	f other than the date of filing:(OPTIONAL)	nis document is filed
FICLE V: Effective date, in the effective date: 1) cannot be stated as a second control of States of Conversion, if an efficate of Conversion, if an effective control of the second control of the se	•	is document is filed
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