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| (Re                                     | questor's Name)    |             |
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| . (Cit                                  | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL.       |
| (Bu                                     | ısiness Entity Nan | ne)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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McCarthy, Lebit, Crystal & Liffman Co., L.P.A. Attorneys and Counselors at Law

Thomas E. Stuckart Writer's Ext. 214 tes@mccarthylebit.com 101 WEST PROSPECT AVENUE
SUITE 1800
CLEVELAND, OHIO 44115-1088
TELEPHONE 216.696.1422
FACSIMILE 216.696.1210
WWW.MCCARTHYLEBIT.COM

December 26, 2012

### Via Federal Express: 8543 4622 4038

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Old Spring Management LLC

Conversion of "Other Business Entity" into Florida LLC

### Dear Sir/Madam:

Enclosed please find the following documents for filing with the Florida Department of State:

- 1. Department of State cover letter;
- 2. Certificate of Conversion for "Other Business Entity" into Florida Limited Liability Company;
- 3. Articles of Organization for Florida Limited Liability Company; and
- 4. Check in the amount of \$180.00 representing the filing fee and cost of a certified copy.

Please file the Certificate of Conversion and Articles of Organization in accordance with your usual and customary procedures and return time-stamped and certified copies of the same to me in the self-addressed, stamped envelope enclosed for that purpose.

Thank you for your anticipated assistance on this matter. If you have any questions, please feel free to contact me.

Sincerely,

Thomas E. Stuckart

Homas State

TES/djo Enclosures

cc: Kimon P. Karas, Esq. (w/o enclosures)

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## COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Old Spring Management LLC  |
| (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:   |
| Kimon P. Karas, Esq.  |
| (Contact Person)  |
| McCarthy, Lebit, Crystal & Liffman Co., L.P.A.  |
| (Firm/Company)  |
| 101 W. Prospect Avenue, Suite 1800  |
| (Address)   |
| Cleveland, Ohio 44115   |
| (City, State and Zip Code)  |
| kpk@mccarthylebit.com   |
| E-mail address: (to be used for future annual report notifications)   |
| For further information concerning this matter, please call:  |
| Kimon P. Karas <u>at (216</u> ) 696-1422  |
| (Name of Contact Person) (Area Code and Daytime Telephone Number)   |
| Enclosed is a check for the following amount:   |
| \$150.00 Filing Fees \$25 for Conversion \$\$ \$125 for Articles of Organization) \$\$ \$180.00 Filing Fees and Certificate of Status  \$\$ \$180.00 Filing Fees and Certified Copy  \$\$ \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building Refistration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32301   |

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## 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: The Sylvan Company, LLC (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 <u>Illinois</u> (Enter state, or if a non-U.S. entity, the name of the country) on June 9, 2008 (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: Old Spring Management 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.

Page 1 of 2

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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 26 day of December  | 20 <u>12</u>  |  |  |
|---|---|--|--|
|   | resentative of Limited Liability Company: ated in this document are true. Any false information ed for in s.817.155, F.S.             |  |  |
| Signature of Member or Authorized Repres<br>Printed Name: Amy B. Mullin   | rentative: Title: Member and Manager  |  |  |
| this document are true. Any false informat s.817.155, F.S. [See below for required sign   | intity: Individual(s) signing affirm(s) that the facts stated in tion constitutes a third degree felony as provided for in nature(s). |  |  |
| Signature: 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Title: Member and Manager   |  |  |
| Signature: Printed Name:  | Title:  |  |  |
| Signature:  | Title:  |  |  |
| Printed Name:   | Title:  |  |  |
| Signature:Printed Name:   | Title:  |  |  |
| Signature:Printed Name:   | Title:  |  |  |
|   |   |  |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. |   |  |  |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.  |   |  |  |
| 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)<br>Page 2 of 2   |  |  |

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

|  | , 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 Compan   |
| Principal Office Address:  | Mailing Address:   |
| 275 Indies Way   | 275 Indies Way   |
| Grand Phoenician #1103   | Grand Phoenician #1103   |
| Naples, FL 34110   | Naples, FL 34110   |
| (The Limited Liability Company cannot serve as its ov  | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another |
| The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the name and | n Registered Agent. You must designate an individual or another  |
| The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  | on Registered Agent. You must designate an individual or another of the registered agent are:                    |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its own business entity with an active Florida registration.)   | n Registered Agent. You must designate an individual or another  |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Amy B. Mullin   | on Registered Agent. You must designate an individual or another of the registered agent are:                    |
| The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Amy B. Mullin  275 Indies W.   | on Registered Agent. You must designate an individual or another of the registered agent are:  Name              |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Amy B. Mullin  275 Indies W.  | of the registered agent are:  Name  Name  Name  Name  Name  Name  Name   |

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

| <u>Title:</u>   | Name and Address:   |  |
|---|---|--|
| "MGR" = Manager   |   |  |
| "MGRM" = Managing   | Member  |  |
| MGRM  | Amy B. Mullin   |  |
| <del>- 1/ 11</del>  | 275 Indies Way, Grand Phoenician #1103  |  |
|   | Naples, FL 34110  |  |
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| (Use attachment if nece   | essary)   |  |
| ADTICLE V. DC   | *Cdd d4 . C.C!*   |  |
| ARTICLE V: Effective date.  | , if other than the date of filing: (OPTIONAL)  |  |
|   | of Honal) of the prior to nor more than 90 days after the date this document is filed by  |  |
|   | State; AND 2) must be the same as the effective date listed in the attached   |  |
|   | an effective date listed therein.)  |  |
|   |   |  |
| REQUIRED SIGNATURE  | :   |  |
|   | $\cap$  |  |
| $\mathcal{C}$   |   |  |
| Signature of a m  | ember or an authorized representative of a member.  |  |
| ·   |   |  |
| the penalties of perjury that                                     | 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the facts stated herein are true. I am aware that any false information submitted in a story of State constitutes a third degree felony as provided for in s.817.155, F.S.) |  |
| Amy R. Mul  | lin Member and Managor  |  |
| Amy B. Mullin, Member and Manager Typed or printed name of signee |   |  |
|   | - 2 F   |  |