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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ol Memorial Stable,	LLC
	f Resulting Florida Limited Company)
	Articles of Organization, and fees are submitted to convert an imited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerni	ing this matter to:
Jill N.Creager	
(Contact Person)	
Providence Family Offices, LLC	
(Firm/Company)	
704 West Bay Street	
(Address)	
Tampa, FL 33606	
(City, State and Zip Code)
AvaForney@BloominBrands.co	om
E-mail address: (to be used for future annual repo	rt notifications)
For further information concerning this m	natter, please call:
Sarah Bracher	at (_813)_983-7861
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$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
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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 Certif	icate o	f	
Conversion is: OI Memorial Stable, LLC	14	ಪ	
(Enter Name of Other Business Entity)		JAH	• • •
2. The "Other Business Entity" is a <u>limited liability corporation</u> .	7.55 m	₩28	E skille L la 2
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			1
general partnership, continon law or business trust, etc.)	FLORID	•••	Eng m P
first organized, formed or incorporated under the laws of Kentucky		C#	
(Enter state, or if a non-U.S. entity, the name of the country)	,		
on <u>February 15, 2001</u> .			
(Enter date "Other Business Entity" was first organized, formed or incorp	orated	d)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	der the	: laws	s of
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	cles of		
Ol Memorial Stable, 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 filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective 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 enti conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting	-		ersion.

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 18th day of Januar	y 20 13 .
Signature of Member or Authorized Rep Individual signing affirms that the facts sta constitutes a third degree felony as provide	resentative of Limited Liability Company: ated in this document are true. Any false information and for in s.817.155, F.S.
Signature of Member or Authorized Represerved Name: Ava Forney	entative: Title: Manager
this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in ature(s).]
Signature:	Title: Manager
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Directly Directors or Officers have not been selected.	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:
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 \$125.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ol Memorial Stable, LLC (Must end with the words "Limited Liability Company, the abbreviate	ion "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3717 West North B Street Tampa, FL 33609	3717 West North B Street Tampa, FL 33609
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.) The name and the Florida street address of the registration.	Agent. You must designate an individual or another tered agent are:
Providence Family Off	
Name 704 West Bay Street Florida street address (P.O. Box NOT acceptable)	
Tampa	FL 33606
City, Stat	te, and Zip
	am familiar with and accept the obligations of my

(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	lember		
MGR	Ava Forney		
	3717 West North B Street		
	Tampa, FL 33609		
*			
(Use attachment if necess	2000()		
(Ose attachment if fiecess	ary)		
ARTICLE V: Effective date, it	f other than the date of filing:		
	(OPTIONAL)		
•	be prior to nor more than 90 days after the date this document is filed by		
Certificate of Conversion, if an	ate; AND 2) must be the same as the effective date listed in the attached		
Certificate of Conversion, if an	reflective date fisted therein.)		
REQUIRED SIGNATURE:			
Significant	hber or an authorized representative of a member.		
	(/ -		
(In accordance with section 60	8.408(3), Prorida 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		
document to the Department of	of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
Ava Earnay			
Ava Forney Typed or printed name of signee			
	. I had or himmen mame or nifines		