L13000034151

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

MAR 06 LULL B. KOHR



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02/28/13--01002--006 **47.50

02/08/13--01034--019 **137.50



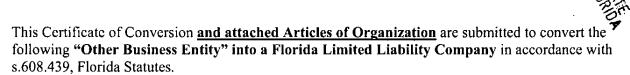
4)13-8330

Registration Section

Division of Corporations *		. ;	
SUBJECT: ROCKY MOON (Name of	F Resulting Florida Limited		<u> </u>
The enclosed Certificate of Conversion, A "Other Business Entity" into a "Florida L			
Please return all correspondence concerni	ng this matter to:	ì	70 to 200
CORA DAVID (Contact Person)		•	AR I
POCKY MODIFIED DATA (Firm/Company)	SENICES		SEE. FLOO
27218 NW 2030 PL (Address)	,,		ORION ORION
HIGH SPRINGS, FL 320 (City, State and Zip Code	<u>~43</u>		
DCORAGIOGMAIL. COM E-mail address: (to be used for future annual repo	rt notifications)		
For further information concerning this m	natter, please call:		
(Name of Contact Person)		Daytime Telephone Numb	er)
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	Certified Copy, and Certificate of Status	\$137.50 Previously a \$47.50 enclosed
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registratio Division of P. O. Box (Corporations	

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company



1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
ROCKY MOUNTAIN DATA SERVICES, LLC
(Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Limited Liability Company MY 12 WWW 13
(2110) (21110) (21110)
2. The "Other Business Entity" is a LIMITED LIMBILITY COMPANY
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)
general partnership, common law or business trust, etc.,
first organized, formed or incorporated under the laws of COLORADO
(Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-o.s. entry, the name of the country)
on
(Enter date "Other Business Entity" was first organized, formed or incorporated)
(Enter date Other Business Entity was first organized, for fired of 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:
PICK I AND WALLS TOWN SERVICES !) [
ROCKY MOUNTAIN DETRICES, LL(
(Enter Name of Florida Emitted 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; <u>AND</u> 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.
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 20 day of Fabruar	2013
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 ed for in s.817.155, F.S.
Signature of Member or Authorized Repres	entative:
	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in nature(s).]
Signature: /s/ CORALDAVID	
Printed Name: Cora David	Title: Pres.
•	•
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	·
Printed Name:	Title:
Signature:	Title:
Printed Name:	1ttle:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, 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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional) Page 2 of 2

ANI PARIS S OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, 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 Company is: **Principal Office Address:** Mailing Address: 27218 NW 203rd SAME ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: 27218 NW 2034 PL Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE I	IV.	Manager(s)	or Mana	oino M	lember(s):
ANTICLE		Managens	i ul ivlani	IEINE IV	icilinci (2).

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing M	lember
MGRM	CORA DAVID
	27218 NW 203ª PL
	HIGH SPRINGS, FL 32643
MGRM	MICHAEL DAVID
1,04	27218 NW 2031 PL
	HIGH SPRINGS, FL 32643
	MBH STEINGS, 4C 32043
(Use attachment if necess	sary)
RTICLE V: Effective date, i	f other than the date of filing: (OPTIONAL)
The effective date: 1) cannot	be prior to nor more than 90 days after the date this document is filed by
	ate; AND 2) must be the same as the effective date listed in the attached
Certificate of Conversion, if a	n effective date listed therein.)
REQUIRED SIGNATURE:	·
SIGNATURE.	
2 ~	
(on)	Douil
Signature of a mer	mber or an authorized representative of a member.
the penalties of perjury that the	08.408(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 of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Cor	A DAVID
	Typed or printed name of signee