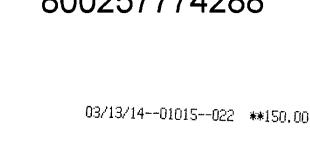
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
· (De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





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2014 HAR 13 FM 12: 44
2014 FAR 13 FM 12: 44

MAR 1 4 2014

COVER LETTER

TO: Registration S Division of C SUBJECT:		plan Gra	on Q LLC			
	(Name	of Resulting Florida Limite	d Company)			
			and fees are submitted to ecordance with s. 605.104		n "Othe	er
Please return all corr	espondence concerning	g this matter to:				
mikeSucha	(Contact Person) (Firm/Company) Danson Work (Address) City, State and Zip Code) e used for future annual re	Group ay 12 33445 Moort notifications)	-C	SESSEE OF SELECTION OF SELECTIO	2014 MAR 13	annergen
For further information	on concerning this mat	tter, please call:		11.77.0 14.74	PH 12: 41	
middled Si	ichan	at (\$420) 8	time Telephone Number)			
Enclosed is a check f	or the following amou	nt:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles	□\$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:

& \$125 for Articles of Organization)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate 1 he Exemple:	of Con	versio	n is:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a Caneral Dournes Ship. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of	0.1		
on 9-11-3006 (Enter state, or if a non-U.S. entity, the name (date of organization, formation or incorporation)	of the co	nuntry)	and or a long
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Orga	inizatio	on:
The Exemplar Group (Enter Name of Floridal Limited Liability Company)	6671 1010	ω -7	(
(Enter Name of Florida Limited Liability Company)	11, 10 11, 6, 1 10, 6, 1	PH 12:	(,,,,,)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of receipt or filed date nor more than 90 cannot be prior to date of the p	lays af	Ţ.	•
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sam date listed in the attached Articles of Organization, if an effective date is listed therein.)			
5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.			

Page 1 of 2

\sim 1 \sim 1	/
Signed this <u>3rd</u> day of <u>March</u>	_20_14
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	mile: OWNE
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).
Signature: The play r. Suchan Printed Name: Hayley v. Suchan	Title: AMBR
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles 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:				
The Exemplar Group (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liab	ility Co	mpany	is:
Principal Office Address:	Mailing Address:			
Detroy Braces FL 933445	HOIA Danson L Devay Brack Fu	<u>نگون</u> 3344	5	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
Michael Sur Name	inan			
Florida street address (P.O.	Box NOT acceptable)			
Delky Beach City	FL 33445 Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi	this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I am	e appoir the prov familia	ntment d visions ar with d	as of all and
Registered Agent's Signa	ature (REQUIRED)	SEOSE A	2014 MAR	
(CONTINU			3 PM	
Page 1 of	2		<u></u>	Tipe 1

Company:		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Midney Sixon	
_[11.][2][Michael Suchan	bule.
0.00	Daray Brach Fr 31	0442
AMBR_	Hayley K. Suchan 4619 Banson Way Delvay Beach FL) (133445
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	date of filing:be specific and cannot be more than fiv	. (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must 1 90 days after the date of filing.)	date of filing:be specific and cannot be more than fiv	. (OPTIONAL) ve business day
CICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) CICLE VI: Other provisions, if any.	be specific and cannot be more than fiv	. (OPTIONAL) ve business day
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PICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1))	or an authorized representative of a m) (b), Florida Statutes, the execution of the	nember.
PICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the pena I am aware that any false information sub-	or an authorized representative of a mathematical statutes, the execution of the littles of perjury that the facts stated herein bmitted in a document to the Department	nember. his document n are frue
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PICLE V: Effective date, if other than the n effective date is listed, the date must be 190 days after the date of filing.) PICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (I constitutes an affirmation under the pena I am aware that any false information subconstitutes a third degree felony as provided in the penal of the p	or an authorized representative of a matter of the littles of perjury that the facts stated herein benitted in a document to the Department ded for in \$817.155, F.S.)	nember. his document n are frue