# 114000047976

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600257635456

03/21/14--01037--013 \*\*185.00



J. STANCES NAR 2 4 2014

#### LAW OFFICES

#### BURCH, PORTER & JOHNSON

A Professional Limited Liability Company
130 North Court Avenue
Memphis, Tennessee 38103
Telephone 901-524-5000

FAX 901-524-5024

William A. Jones 901-524-5145 Email: ajones@bpjlaw.com

March 20, 2014

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

Re: Certificate of Conversion

#### Dear Sir or Madam:

I have enclosed Certificate of Conversion and associated Articles of Organization for the following entities:

- 1. Michael W. Cook, LLC
- 2. WPH III, LLC
- 3. M.S. Cross, LLC
- 4. P.W. Cook, LLC
- 5. Betty Harper, LLC

I have also enclosed five (5) checks in the amount of \$185 for filing fees, certified copy and certificate of status for each of the above entities.

If you have any questions or concerns about any of the enclosed documents, please contact me at 901-524-5145 or ajones@bpjlaw.com. Thank you for your assistance with this matter.

Very truly yours,

BURCH PORTER & JOHNSON, PLLC

William A. Jones

Enclosures

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Michael W. Cook, LLC	C		
	of Resulting Florida Lir	mited Company)	_
The enclosed Certificate of Conversion, A Business Entity" into a "Florida Limited L	iability Company" i		
Please return all correspondence concernir	ng this matter to:		
William A. Jones			
(Contact Person)			
Burch Porter Johnson, PLLC			
(Firm/Company)			
130 North Court Avenue			
(Address)			
Memphis, TN 38103			
(City, State and Zip Code)			
AJONES@BPJlaw.com			
E-mail Address: (to be used for future annual re	eport notifications)		74 ×9 (4)
For further information concerning this ma	atter, please call:		<u> </u>
William Jones	_at (901)5	24-5145	
(Name of Contact Person)	(Area Code) (	Daytime Telephone Number)	
Enclosed is a check for the following amount	unt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\$ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	es  \$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING	G ADDRESS:	

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

	(Enter Name of Other Business Entity)	
2. The "Other Business Entity"	is a Limited Liability Company	
z. me emer gasmess zmm,	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incor	porated under the laws of Nevada	
on 11/5/2010	(Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation or	r incorporation)	
	ited Liability Company as set forth in the attached Articles of Organization	n:
Michael W. Cook, LL	C .	
(Enter Na	ame of Florida Limited Liability Company)	
4. If not effective on the date of	f filing, enter the effective date: Filing Date	
(The effective date: 1) cannot	be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; <u>AND</u> 2) must be the same as the effect	
date listed in the attached Arti	icies of Organization, if an effective date is listed therein.)	
	een approved in accordance with ss. 605.1041-605.1046.	

Signed this day of March	2014
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: Printed Name: Michael Cook	Title: Sole Member
Signature(s) on behalf of Other Business Entity: Signature:	[See below for required signature(s).]
Signature: Michael Cook Printed Name: Michael Cook	Title: Sole Member
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Company	is:	
Michael W. Cook, LLC	Call at the state of the state	Little Committee Wilder	
(Must end w	ith the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
		principal office of the Limite	ed Liability Company is:
Principal Office Address	G4	Mailing Address	
Principal Office Addres	<u>3.</u>	Mailing Address:	
1675 N. Military Trail, Fifth Floor			
Boca Raton, Florida 33486			
(The Limited Liability Company of business entity with an active Flo	cannot serve as its own Re orida registration.)	red Office, & Registered Ag	
The name and the Florida	street address of th	e registered agent are:	
CT Co	poration System		
	Na	me	
	and Bias Island Bank		
	outh Pine Island Road	O Pay NOT againtable)	
rion	da sireei address (r	O.O. Box NOT acceptable)	
Plant	ation	FL 33324	
<del></del>	City	Zip	
liability company at registered agent and ag statutes relating to the	the place designated ree to act in this cap proper and comple	d to accept service of process f d in this certificate, I hereby ac pacity. I further agree to comp te performance of my duties, a registered agent as provided for James M. Halpin Assistant Secretary	cept the appointment as ly with the provisions of all nd I am familiar with and
//	egistered Agent's S	ignature (REQUIRED)	E.
		INUED)	TAIN?

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Michael W. Cook	
	6070 Poplar Avenue, Suite 300	
	Memphis, TN 38119	
<del></del>		
		<del> </del>
		<del></del>
LE V: Effective date, if other than th ffective date is listed, the date must	ne date of filing: t be specific and cannot be more than five	. (OPTIONA ve business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	ne date of filing: t be specific and cannot be more than fiv	. (OPTIONA ve business d
(Use attachment if necessary)  CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  CLE VI: Other provisions, if any.	ne date of filing:t be specific and cannot be more than five	. (OPTIONA ve business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five	. (OPTIONA ve business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.	the date of filing: the specific and cannot be more than five.  Company to the specific and cannot be more than five.	. (OPTIONA ve business d
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	t be specific and cannot be more than five	member.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (	er or an authorized representative of a real (1) (b), Florida Statutes, the execution of the	member.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a member accordance with section 605.0203 (institutes an affirmation under the pen	er or an authorized representative of a real (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herei	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (institutes an affirmation under the pen maware that any false information su	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herein about the Department to the Department	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a member accordance with section 605.0203 (institutes an affirmation under the pen	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herein about the Department to the Department	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (astitutes an affirmation under the pen maware that any false information substitutes a third degree felony as proving the matter of the pen makes of the pen	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herei submitted in a document to the Department wided for in s.817.155, F.S.)	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (astitutes an affirmation under the pen maware that any false information substitutes a third degree felony as proving the matter of the pen makes of the pen	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herein about the Department to the Department	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (institutes an affirmation under the pen maware that any false information substitutes a third degree felony as provided by Michael W. Cook	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herei submitted in a document to the Department wided for in s.817.155, F.S.)	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (astitutes an affirmation under the pen maware that any false information substitutes a third degree felony as proved the material of the material with the material of the mate	t be specific and cannot be more than five of an authorized representative of a representative of a representative of a representative of a representative of the representative of the representative of the representative of perjury that the facts stated herein a document to the Department wided for in s.817.155, F.S.)  Typed or printed name of signee	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member accordance with section 605.0203 (astitutes an affirmation under the pen maware that any false information substitutes a third degree felony as proved the material of the material with the material of the material with the material with the material of the material of the material with the material of th	et or an authorized representative of a la (1) (b), Florida Statutes, the execution of the lattices of perjury that the facts stated herei submitted in a document to the Department wided for in s.817.155, F.S.)	member. his document
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of a member of a decordance with section 605.0203 (institutes an affirmation under the pen in aware that any false information substitutes a third degree felony as proving the filing Fees:  Michael W. Cook	et or an authorized representative of a representative of perjury that the facts stated herein a document to the Department wided for in s.817.155, F.S.)  Typed or printed name of signee	member. his document

**ARTICLE IV-**