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



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03/21/14--01037--012 **185.00

TALLY WAS ENGRED.

1. Sinvers MAR 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 S Division of C | | | | | |
|---------------------|---|---|---------------------------------------|--------|--|---------|
| SUBJ | ECT: Betty | Harper, LLC | | | | |
| | | | of Resulting Florida | Limite | d Company) | _ |
| Busin | ess Entity" into | | ability Company | | and fees are submitted ecordance with s. 605.1 | |
| i icase | return an com | espondence concerning | g tills matter to. | | | |
| Willi | am A. Jone | es | | | | |
| | | (Contact Person) | | | | |
| Burg | ch Porter Jo | ohnson, PLLC | | _ | | |
| | | (Firm/Company) | | | | |
| 130 | North Cou | <u> </u> | | _ | | |
| | | (Address) | | | | |
| Men | nphis, TN 3 | 88103 | | _ | | |
| | | City, State and Zip Code) | | | | |
| | NES@BP | | | _ | | |
| E-m | nail Address: (to b | e used for future annual re | port notifications) | | | |
| For fu | rther informati | on concerning this mat | tter, please call: | | | |
| Willi | am Jones | | _ _{at (} 901 | ,524 | I-5145 | |
| | (Name of Conta | ect Person) | | (Day | rtime Telephone Number) | _ |
| Enclos | sed is a check f | or the following amou | nt: | | | |
| (\$25 fo & \$125 | 0.00 Filing Fees r Conversion for Articles mization) | ☐\$155,00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | | ■\$185.00 Filing Fees, Certified Copy, and Certificate of Status | THE WAY |
| | ET ADDRES | S: | | | ADDRESS: | 2 |
| _ | ration Section | iona | _ | | Section | |
| | on of Corporat n Building | IONS | P. O. E | | Corporations 27 | 7108B |
| 2661 I | Executive Cent assee, FL 323 | | | | FL 32314 | TOA S |

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.

| Statutes. | | |
|--|--|------------------------------|
| 1. The name of the "Other Business Entity" in BJH, LLC | nmediately prior to the filing of this Ce | ertificate of Conversion is: |
| (Enter Name of C | Other Business Entity) | |
| 2. The "Other Business Entity" is a Limite | d Liability Company | |
| (Enter entity | type. Example: corporation, limited partners partnership, common law or business trust, etc. | |
| First organized, formed or incorporated under | the laws of Nevada | |
| on 08/20/2010 | (Enter state, or if a non-U.S. entity, | , the name of the country) |
| (date of organization, formation or incorporation) | | |
| 3. The name of the Florida Limited Liability (| Company as set forth in the attached A | Articles of Organization: |
| Betty Harper, LLC | | |
| (Enter Name of Florida Li | mited Liability Company) | ' |
| 4. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to date this document is filed by the Florida D | ate of receipt or filed date nor more t | |
| date listed in the attached Articles of Organ | | |
| 5. The plan of conversion has been approved i | n accordance with ss. 605.1041-605.10 |)46. |
| | Page 1 of 2 | 14 MAR 2 |
| | | |

| Signed this day of March | 20 <u> 14</u> | |
|--|--|-------------------|
| Signature of Authorized Representative of Limi | | |
| Signature of Authorized Representative: Printed Name: Betty J. Harper | Title: Sole Member | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s).] | |
| Signature: Detty S. Harper Printed Name: Betty S. Harper | Title: Sole Member | <u>-</u> - |
| Signature:Printed Name: | | - |
| Printed Name: | Title: | - |
| Signature: Printed Name: | Title: | - - |
| Signature:Printed Name: | | _ |
| Printed Name: | Title: | - |
| Signature: Printed Name: | Title: | - - |
| Signature:Printed Name: | Title: | - - |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Inc. | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: | |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | ty Limited Partnership: | T. |
| All others: Signature of an authorized person. | | TEAR |
| 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) | ARITY 25 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Datti Haman II C | | | |
|--|---|---|-------------------------|
| Betty Harper, LLC (N | Must end with the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") | · |
| ARTICLE II - A | .ddress: | | |
| | | principal office of the Limite | d Liability Company is: |
| Principal Office | Address: | Mailing Address: | |
| 1675 N. Military Trail, | Fifth Floor | | |
| Boca Raton, Florida 33 | 3486 | | |
| The Limited Liability business entity with a | | red Office, & Registered Agongistered Agongistered Agont. You must designate an e registered agent are: | |
| | Na | me | 63 |
| | | | 35°C |
| | 1200 South Pine Island Road | | ALLA ALLA |
| | 1200 South Pine Island Road | O. Box NOT acceptable) | 16 MPR 2 SECONDARY |
| | 1200 South Pine Island Road Florida street address (P | O. Box NOT acceptable) | 14 MPR 21 1 |
| | 1200 South Pine Island Road Florida street address (P | | ALLAHASA E STO |

(CONTINUED)

Page 1 of 2

| "AMBR" = Authorized Member "MGR" = Manager | |
|--|---|
| AMBR | Betty J. Harper |
| | 6070 Poplar Avenue, Suite 300 |
| | Memphis, TN 38119 |
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| (Use attachment if necessary) | |
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| ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (1) | or an authorized representative of a member. |
| REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (1) institutes an affirmation under the penal m aware that any false information sub | or an authorized representative of a member. Of (b), Florida Statutes, the execution of this document ites of perjury that the facts stated herein are true. |
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Page 2 of 2