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(Re	questor's Name)	
(Ad	dress)	
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· (Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 JUL 25 PM 4: 46

K. SALY EXAMINER JUL 25 2014



Jesse W. Anderson (336) 271-5208 JAnderson@tuggleduggins.com

July 23, 2014

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

Re: Savage Curtain Investments, LLC - Articles of Conversion and **Articles of Organization**

Dear Sir or Madam:

Enclosed for filing to convert the above-mentioned limited liability company into a Florida limited liability company, are the following:

- 1. Cover Letter;
- 2. Completed copy of Articles of Conversion;
- 3. Completed copy of Articles of Organization for Florida Limited Liability Company; and
- 4. A check in the amount of \$150.00 which covers the filing fee.

Once you find the enclosed documents in order please email the confirmation to: JAnderson@tuggleduggins.com; and mail any original filed documents to the address below.

Should you have any questions regarding this filing, feel free to contact me directly at (336) 271-5208.

Very truly yours,

Jesse W. Anderson

Enclosures

Dr. Michael Krusch

Mr. H. Vaughn Ramsey

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Savage Curtain Investments, LLC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Jesse W. Anderson
(Contact Person)
Tuggle Duggins P.A.
(Firm/Company)
P.O. Box 2888
(Address)
Greensboro, NC 27402
(City, State and Zip Code)
janderson@tuggleduggins.com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Jesse W. Anderson at (336) 271-5208
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization) \$\begin{array}{l} \$155.00 Filing Fees and Certified Copy & \$185.00 Filing Fees, and Certified Copy and Certificate of Status & Certificate of Status & Certificate of Status
STREET ADDRESS: 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

JNHS11 (02/14)



Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization 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 En	tity" immediately prior to the filing of the Articles of Conversion is: Savage Curtain Investments, LLC
(Enter Na	ime of Other Business Entity)
2. The "Other Business Entity" is a	mited liability company
(Ente	er entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated	under the laws of North Carolina
July 26, 2011	(Enter state, or it a non-O.S. entity, the name of the country)
(date of organization, formation or incorpor	ration)
3. The name of the Florida Limited Lia	bility Company as set forth in the attached Articles of Organization:
S	avage Curtain Investments, LLC
(Enter Name of FI	orida Limited Liability Company)
(The effective date: 1) cannot be price date this document is filed by the Floring	enter the effective date: August 1, 2014 or to date of receipt or filed date nor more than 90 days after the rida Department of State; AND 2) must be the same as the effective Organization, if an effective date is listed therein.)
5. The plan of conversion has been appl	roved in accordance with ss. 605.1041-605.1046.

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Signed this 5 day of JUNP	_20 <u>14</u> .	2014 JUL 25 PM 4: 46
Signature of Authorized Representative of Limit	ed Liability Company:	Strone PH 4:46
Signature of Authorized Representative: Printed Name: Michael P. Krusch	Title: Manager	TALL AHASSEE, FLORIDE
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s).	
Signature: MIChael P. Krusch	Title: Manager	-
		_
Signature: Printed Name:	Title:	
Signature:		_
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 Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit	y Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fces:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
Savage Curtain	n Investments, LLC
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18680 Long Lake Dr. Boca Raton, FL 33496	18680 Long Lake Dr. Boca Raton, FL 33496
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:
The name and the Florida street address of the r	egistered agent are:
Paracorp Inco	777
Name	.0.,
236 East 6th	Avenue 75 F.
Florida street address (P.O.	. Box NOT acceptable)
Tallahassee	FL 32303
City	Zip

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 605, F.S..

Sharen Cooke, ASSISTANT SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:	
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Michael P. Krusch
TAON.	18680 Long Lake Dr.
	Boca Raton, FL 33496
	<u> </u>
•	

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effective date is listed, the date must	e date of filing: August 1, 2014 (OPTIONAL) be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member in accordance with section 605.0203 (postitutes an affirmation under the pen	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true.
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a	er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document talties of perjury that the facts stated herein are true, abmitted in a document to the Department of State