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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration S	Section		
Division of C	orporations	1 1	
CUD IP.CT	$2 \cap$	him. LLC	
SUBJECT:	Nome	of Resulting Florida Limite	d Company)
	<i>t.</i>	··· ··· ··· ··· · · · · · · · · · · ·	
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Mmie	2 Hunter	~	
	(Contact Person)		
	(Firm/Company)		
34105 Chust	ain Lakes 1	JRNU	
Kennes	(Address) A 3	30144	
'samie hu	City, State and Zip Code) WHOV 73 (C) e used for future annual re	wull.com	
For further information	on concerning this ma	tter, please call:	
On HI	1,00	2x 01	1077
<u> </u>	MILLON	at (30)	05 1033
(Name of Conta	ct Person)	(Area Code) (Day	time Telephone Number)
Enclosed is a check fe	or the following amou	int:	
\$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	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	2.	MAILING A	DDDECC.
Registration Section	3.	Registration S	
Division of Cornorati	one	Division of C	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

FILED

Articles of Conversion

For

"Other Business Entity"

Into

2014 DEC 22 AM 11: 27

SECONETARY OF STATE TALLARASSEE, FLORIDA

Florida Limited Liability Company

The Articles 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 the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of F\wcap \text{WCC}
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
3Chard, LLC
(Enter Name of Florida Limited Liability Company)
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 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective 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 all applicable statutes

Page 1 of 2

Signed this 19 day of DOCUMDON	20 14
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name:	nater Mar
Signature(e) on bobalf of Other Business Entity	See below for required signature(s).
Signature: Printed Name: Scott C. Hunter	Title:MER
Signature:Printed Name:	Title:
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 Directors or Officers have not been selected, an Indiana.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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

ARTICLÉ I - Name: The name of the Limited Liability Company is:
3 Chord, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
14624 Dream Catcher Ct. 3465 Chastain Lates Dr. W. Kennesaw, 6A 30144
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:
1 Scott Hunder
Name
14624 Dream Catcher Ct.
Florida street address (P.O. Box <u>NOT</u> acceptable)
Clermont FL 34711
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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR &	Scott Hunter 141024 Dream Chitcher Ct Clerment, FC 34711
MGR	Amie Hunter 3465 Chastain Lakes DR 120 Kennesaw, GA 30144
LE V: Effective date, if other than fective date is listed, the date m	the date of filing: (OPTIONAL ust be specific and cannot be more than five business dates
LE V: Effective date, if other than fective date is listed, the date medays after the date of filing.)	
LE V: Effective date, if other than fective date is listed, the date medays after the date of filing.) LE VI: Other provisions, if any.	
rective date is listed, the date medays after the date of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment accordance with section 605.020 istitutes an affirmation under the provisions.	ber or an authorized representative of a member. 3 (1) (b) Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true, is submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date medays after the date of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment accordance with section 605.020 istitutes an affirmation under the provision aware that any false information	ber or an authorized representative of a member. 3 (1) (b) Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true, is submitted in a document to the Department of State

Page 2 of 2

' The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-