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	(Reques	itor's Name)		
	(Addres	s)		
	(Addres	s)		
	(City/Sta	ate/Zip/Phon	e #)	. .
PICK-UF	, [WAIT		MAIL
	(Busine	ss Entity Na	me)	
	(Docum	ent Number)	
Certified Copies		Certificate	s of Statu	s
Special Instructions	to Filin	g Officer:		
·				

Office Use Only



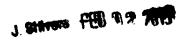
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NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION ON COMPTNATA







January 30, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9423728 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

COPARIO INVESTMENTS, INC. (FL)

Conversion Florida

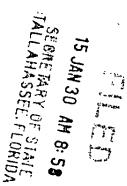
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com



Articles of Conversion

For

"Other Business Entity"

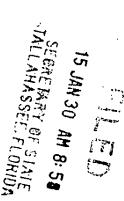
Into

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.

COPARIO INVESTMENTS, INC. (Enter Nat	ne of Other Business Entity)
2. The "Other Business Entity" is a Co	rporation
(Ente	r entity type. Example: corporation, limited partnership, eneral partnership, common law or business trust, etc.)
First organized, formed or incorporated	under the laws of Florida
June 2, 2006	(Enter state, or it a non-old, entry, the nume of the country)
(date of organization, formation or incorpor	
	pility Company as set forth in the attached Articles of Organization:
COPARIO INVESTMENTS, LLC	
(Enter Name of Flo	orida Limited Liability Company)
4. If not effective on the date of filing, e	enter the effective date: 1/31/2015
(The effective date: 1) cannot be prio date this document is filed by the Flor	r to date of receipt or filed date nor more than 90 days after the ida Department of State; <u>AND</u> 2) must be the same as the effectiv Organization, if an effective date is listed therein.)
5. The plan of conversion has been appr	oved in accordance with all applicable statutes.

Page 1 of 2



Ì.

Signed this 29th day of January	20 <u></u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Jefferson R. Voss	Title: Manager	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature: Printed Name: Jefferson R. Voss	Title: Vice President	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:Printed Name:		
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 Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		15 J TALLA
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)	30 AH 8: 51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
COPARIO INVESTMENTS, LLC (Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princips		ity Company is:
Principal Office Address: Ma	iling Address:	
9350 Conroy Windermere Road Windermere, FL 34786		
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its own Registered Agentius with an active Florida registration.)	ce, & Registered Agent's Sig gent. You must designate an individual	gnature: or another
The name and the Florida street address of the registe	ered agent are:	
NRAI SERVICES, INC.		
Name		
1200 South Pine Island Road		
Florida street address (P.O. Box	NOT acceptable)	
	FL 33324	
City	Zip	
Having been named as registered agent and to acco liability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as register	certificate, I hereby accept the further agree to comply with to rmance of my duties, and I am	appointment as he provisions of all familiar with and
Registered Agent's Signature	Asst, &c. (REQUIRED)	15 JAN 30 AM 8: 58 SEGNE JANY OF STATE TALLAHASSEE FLORIO
(CONTINUED))	
Page 1 of 2		LON BUT STA
• •	er en	O AM 8:58

Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JEFFERSON R. VOSS
	9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
NOD	DACECLITHAKKAD
MGR	RASESH THAKKAR 9350 CONROY WINDERMERE ROAD
	WINDERMERE, FL 34786
MGR	NEIL REISMAN
WGK	9350 CONROY WINDERMERE ROAD
	WINDERMERE, FL 34786
(Use attachment if necessary)	
A POTENCIA DE NA COME A SERVICIO DE LA COME	
ARTICLE V: Effective date, if other that I fail the date is listed, the date in	in the date of filing: 1/31/2015 (OPTIONAL) nust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
ARTICLE VI: Other provisions, if any.	
	<u> </u>
REQUIRED SIGNATURE:	
	30 See See See See See See See See See Se
Signature of a me	—han an an authorized representative of a marrhage
(In accordance with section 605.02	03 (1) (b). Florida Statutes, the execution of this decument
constitutes an affirmation under the	penalties of perjury that the facts stated herein are true
	on submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

JEFFERSON R. VOSS, MANAGER

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)