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(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	
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SECREBARY SE STATE
TALLAHASSES, FLORIDA

FEB 1 1 2015

T. BROWN

COVER LETTER

Registration Section **Division of Corporations**

SUBJECT: LCCranston Group, 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:

Michael L. Jacobs	;			
	(Contact Person)			
LCCranston Group	p, LLC			
	(Firm/Company)	······································		
299 Plantation Hill	Road			
	(Address)			
Gulf Breeze, Florid	da 32561-4861			
(City, State and Zip Code)		_	
lccranston@aol.cc	om			
E-mail Address: (to b	oe used for future annual re	port notifications)	_	
For further informati	on concerning this ma	tter, please call	:	
Michael L. Jacobs		at (850	203	-1740
(Name of Conta	act Person)		(Day	ytime Telephone Number)
Enclosed is a check f	for the following amou	ınt:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filin and Certified Co	_	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAII	ING A	ADDRESS:
Registration Section		Regist	ration !	Section

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

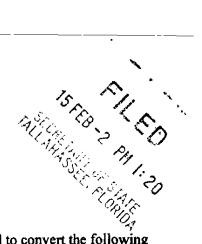
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
rst organized, formed or incorporated under the laws of Colorado
February 12, 2013
(date of organization, formation or incorporation)
The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CCranston Group, LLC
(Enter Name of Florida Limited Liability Company)
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 late this document is filed by the Florida Department of State; AND 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Printed Name: Title:	:	Signed this 9th day of January	20 <u>2015</u>
Printed Name: Michael L. Jacobs Signature(s) on behalf of Other Business Enfity: [See below for required signature] Signature: Printed Name: Title: Managing Member Signature: Printed Name: Title: Managing Member Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.			
Signature: Printed Name Michael L. Jacobs Title: Managing Member Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: 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 Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	5	Signature of Authorized Representative: Printed Name: Michael L. Jacobs	Title: Managing Member
Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	S	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.		Signatura M V	60/
Signature: Printed Name: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature of Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	' 2 T	Printed Name: Michael Lacobs	Title: Managing Member
Printed Name:	•	Timited Ivaine Iviici del E. Odeges	Title. Indinagray Monibol
Printed Name:	5	Signature:	
Signature: Printed Name: Signature: Printed Name: 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 Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	F	Printed Name:	Title:
Printed Name: Title:			
Printed Name: Title:	5	Signature:	
Printed Name:	F	Printed Name:	Title:
Printed Name:	_		
Signature: Printed Name: Signature: Printed Name: Title: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.	S	Signature:	
Printed Name:	P	rinted Name:	Title:
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Printed Name:	r	Timed Name.	
Printed Name:	S	Signature:	
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Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person.	T.	f Florida I imitad Dautnamhin an I imitad I tahili	to I imited Doubouchins
All others: Signature of an authorized person.			ty Lamited Farthersmp:
Signature of an authorized person.	J	regulatures of ALL General Partiers.	
Signature of an authorized person.	A	All others:	
- ·			
Fees:	-		
	F	<u>'ees:</u>	
			
Articles of Conversion: \$25.00		Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization: \$125.00		Fees for Florida Articles of Organization:	\$125.00
Certified Copy: \$30.00 (Optional)		_	\$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	-
The name of the Limited Liability Company	y is:
LCCranston Group, LLC	
(Must end with the words "Limited L	niability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
299 Plantation Hill Road Gulf Breeze, Florida 32561-4861	299 Plantation Hill Road Gulf Breeze, Florida 32561-4861
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

×

Michael L. Jacobs	
Na	me
299 Plantation Hill Roa	d
Florida street address (P.	O. Box NOT acceptable)
Gulf Breeze	FL 32561-4861
City	Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

Title	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	
Manager	Michael L. Jacobs
	299 Plantation Hill Road Gulf Breeze, Florida 32561-4861
	Gull breeze, Florida 32301-4601
(Use attachment if necessary)	
CLE V: Effective date, if other than th	e date of filing: (OPTIONA
CLE V: Effective date, if other than the effective date is listed, the date must	e date of filing: (OPTIONAl be specific and cannot be more than five business of
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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 605.02034	the specific and cannot be more than five business 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 of a	of or an authorized representative of a member. 1) (b) Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
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 (constitutes an affirmation under the pen	to be specific and cannot be more than five business of or an authorized representative of a member. 1) (b) Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. It is in a document to the Department of State
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 (institutes an affirmation under the pename aware that any false information su	to be specific and cannot be more than five business of or an authorized representative of a member. 1) (b) Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true. It is in a document to the Department of State

X

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)