L/5001/0645

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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S. GILBERT

COVER LETTER

Tallahassee, FL 32301

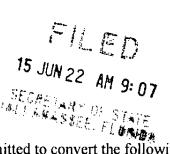
Articles of Conversion

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 Entity" immediately prior to the filing of the Articles of Conversion is: Lynneco, LLC
(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
On (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 Articles of Organization: Lynneco, 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 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this day of June	20			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative:				
Printed Name: Alfred H. Shotwell, III	Title: Chairman			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: MAH Enroll				
Printed Name: Alfred H. Shotwell, III	Title: Chairman			
Signature				
Signature:Printed Name:	Title			
Timed Name.	1100.			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title			
Timod Panie.				
If Florida Corporation:				
Signature of Chairman, Vice Chairman, Director, or				
If Directors or Officers have not been selected, an In-	corporator must sign.			
If Florida General Partnership or Limited Liabili	ty Partnership:			
Signature of one General Partner.	-			
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:			
Signatures of ALL General Partners.	The state of the s			
All others:				
Signature of an authorized person.				
Fees:				
Articles of Conversion:	\$25.00			
Fees for Florida Articles of Organization:	\$125.00			
Certified Copy:	\$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 is:	
Lynneco, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2166 Forrest Lane	2166 Forrest Lane
Naples, FL 34102	Naples, FL 34102
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Alfred H. Shotwell, III Name 2166 Forrest Lane Florida street address (P.O. Naples	red Agent. You must designate an individual or another gistered agent are:
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authoriz	zed Member	Name and Address:	
"MGR" = Manager		Alfred H. Shotwell, III	
		2166 Forrest Lane	
		Naples, FL 34102	
(If an effective date is listed to or 90 days after the date	e, if other than the d I, the date must be of filing.) block does not meet the	ate of filing: (OPTIO e specific and cannot be more than five busine applicable statutory filing requirements, this date will not ecords.	ess days prior
ARTICLE VI: Other provisi	ions, if any.		
REQUIRED SIGN	ATURE:		
Signat (In accordance with s constitutes an affirmation I am aware that any fals	section 605.0205 (3 on under the penalts se information subm	or an authorized representative of a member. b), Florida Statutes, the execution of this docume ies of perjury that the facts stated herein are true nitted in a document to the Department of State ed for in s.817.155, F.S.)	ent
vonstitutes a tima degre	•	3d 10t III 3.61 7.133, 1 .3.)	

Typed or printed name of signee

Filing Fees

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

\$ 5.00 Certificate of Status (Optional)