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(R	equestor's Name	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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SEP 0 4 2015 T SCHROEDER SECRETARY OF STATE OF STATE OF CORPORATIONS



### **CT** Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

September 4, 2015

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

Re:

Order #: 9684620 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

Silver Tree of Florida, LLC (NC) Post Conversion Florida

Silver Tree of Florida, LLC (FL) Formation 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

#### **COVER LETTER**

TO:	Registration S Division of C					
SUBJ	IECT: Silver Tre	e of Florida, LLC				
		(Name	of Re	sulting Florida l	Limite	d Company)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all com	espondence concernin	g thi	s matter to:		
Rando	olph J. Rush, Esq.					
		(Contact Person)		<del></del>		
Winde	rweedle, Haines, \	Ward & Woodman, P.A.	_			
		(Firm/Company)				
329 Pa	ark Avenue North	Second Floor		<del></del>		
		(Address)				
Winte	r Park, Florida 327	789				
	((	City, State and Zip Code)				
	Whww.com					
E-r	nail Address: (to b	e used for future annual re	port r	notifications)		
For fi	ırther informati	on concerning this ma	tter,	please call:		
Nicole	C. Smith		at	(407	246-8	3663
	(Name of Conta	ct Person)	u`	(Area Code)	(Day	time Telephone Number)
Enclo	sed is a check f	or the following amou	ınt:			
(\$25 fc & \$125	i0.00 Filing Fees or Conversion 5 for Articles anization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I I Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:		MAILI	NG A	ADDRESS:
_	tration Section			Registra		
	ion of Corporat	ions				Corporations
	n Building Executive Cent	er Circle		P. O. Bo Tallahas		27 FL 32314
	nassee, FL 323			* *************************************		

INHS11 (06/15)

## 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 Bus Silver Tree, LLC	siness 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 limited liability company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inco	rporated under the laws of North Carolina
July 24, 2015	(Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation	or incorporation)
3. The name of the Florida Lin Silver Tree of Florida, LLC	nited Liability Company as set forth in the attached Articles of Organization:
(Enter N	lame of Florida Limited Liability Company)
(The effective date: 1) canno date this document is filed by date listed in the attached Ar	of filing, enter the effective date:  t be prior to date of receipt or filed date nor more than 90 days after the the Florida Department of State; AND 2) must be the same as the effective ticles of Organization, if an effective date is listed therein.) k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
5. The plan of conversion has b	een approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE INVISION OF CORPORATIONS

Signed this 31st day of QUGUST	
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Michael S. Wright	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signatura	
Signature: Printed Name: Michael S. Wright	Title: Manager
Finited Patile, tetansor D. Walder	Tiue.
Signature:	
Printed Name:	
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
,	
Signature: Printed Name:	
Printed Name:	Title:
}	
Signature:	
Printed Name:	Title:
7679 13 O	
If Florida Corporation:	06
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Directors of Officers have not been selected, an in-	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	of I arthright
Digitation of this Control is a wife.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
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)

Page 2 of 2

SECRETARY OF STATE TO SECRETARY OF STATE OF CORPORATIONS

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limit	ed Liability Company i	is:	
Silver Tree of Florida, LLG	C		
(Must en	d with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address ar		principal office of the Limited Liability Company is	s:
Principal Office Add	ress:	Mailing Address:	
6501 Creedmor Road, Suit	te 102	6501 Creedmor Road, Suite 102	
Raleigh, North Carolina 27	7613	Raleigh, North Carolina 27613	
<u>w</u>	HWW, Inc.		
_	Na	me	
390	0 North Orange Avenue, Su	uite 1500	
F	lorida street address (P	.O. Box NOT acceptable)	
Orl	ando	FL 32801	
<del></del>	City	Zip	
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and complet ations of my position as	to accept service of process for the above stated limit in this certificate, I hereby accept the appointment as acity. I furthen agree to comply with the provisions of the performance of my duties, and I am familiar with a registered agent as provided for in Chapter 605, F.S	s f all nd

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
INVISION OF CORPORATIONS

15 SEP -4 PH 12: 1.6

Company:		·	
<u>Title:</u> "AMBR" = Authorized	Name and Address: i Member		
"MGR" = Manager			
MGR	Michael S. Wright		
	6501 Creedmor Road, Suite 102		
	Raleigh, North Carolina 27613	<del></del>	
		<del></del>	
	-	<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
		<del></del>	
(Use attachment if nece	essary)		
ARTICLE V: Effective date, i	f other than the date of filing: (OP		
		TIONAL)	
(If an effective date is listed, t	he date must be specific and cannot be more than five bu	TIONAL) siness days	s prior
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