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D CUSHING

COVER LETTER

Division of 0								
SUBJECT:		LF	R CAPITAL,	LLC				
SOBJECT:	(Name	of Res	ulting Florida	Limite	ed Company)			
Business Entity" into	es of Conversion, Artic o a "Florida Limited L respondence concernin	iabilit	y Company	on, an " in a	nd fees are submitted to coccordance with s. 605.10	onvert an "Ot 45, F.S.	her	
1 lease return an con	rospondence concerni	.Б ш.	indicate.					
Jane Henson								
1.00	(Contact Person)							
McAfee & Taft A Profe	ssional Corporation							
11	(Firm/Company)							
10th Fl, 2 Leadership Sc	quare, 211 N. Robinson							
	(Address)							
Oklahoma City, Oklaho	ma 73102							
(City, State and Zip Code)							
						= -		
E-mail Address: (to b	be used for future annual re	port no	tifications)				5	
For further informati	on concerning this ma	iter, p	lease call:			*** 党(さ - <u>デービン</u>)		ر ادریسه (ا
Jane Henson		at (<u>'</u>	405	235-9	0621			Fr ANSE Merces productions and a production of the production of t
(Name of Conta	act Person)		(Area Code)	(Day	time Telephone Number)	, 7	77	1
Enclosed is a check t	for the following amou	ınt:				Hig Sin		Arrent Arrente
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	≡ \$1	80.00 Filing I Certified Copy		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status	and the same of th	34	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle		Registra Division P. O. Bo	tion S of C ox 632	orporations			

Articles of Conversion

For

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.

(En	ter Name of Other Business Entity)
2. The "Other Business Entity" is	limited liability company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpor	rated under the laws of
October 14, 2005	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or inc	corporation)
3. The name of the Florida Limited	Liability Company as set forth in the attached Articles of Organization:
LF	R CAPITAL, LLC
(Enter Name	of Florida Limited Liability Company)
If not effective on the date of fill	-
late this document is filed by the late listed in the attached Articles	prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective s of Organization, if an effective date is listed therein.) is not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
	approved in accordance with all applicable statutes

Page 1 of 2

Signed this 5th day of January	20_16
Signature of Authorized Representative of Lin	ited Liability Company:
Signature of Authorized Representative: Printed Name: Francis Rooney	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Francis Roomey	Title: Manager
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or if Directors or Officers have not been selected, an In	
<u>lf Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Pees:</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

The name of the	1	1!t (]		
	he Limited Liabil	iity Company is:	•	**
		I DD CLINICAY	****	EG A .
	Of and and the death	LFR CAPITAL,	ty Company, "L.L.C.," or "LLC.")	
	(Must end Will the V	vords "Limited Liabili	ry Company, "E.F.C.," or "EEC,")	10 Th
ARTICLE II		address of the pr	incipal office of the Limited Lia	ability Company is:
		1	1	- U G
Principal Offi	ice Address:	•	Mailing Address:	
6300 N. Central I	Expressway		6300 N. Central Expressway	•
Dallas, TX 7520)6		Dallas, TX 75206	
The name and	the Florida street Michael C. Ro		egistered agent are:	
		Name		
	3705-1 Westy	riew Drive		
		eet address (P.O.	Box NOT acceptable)	
	Florida stre	eet address (P.O.	Box NOT acceptable)	
		cet address (P.O.		

(CONTINUED)

Page 1 of 2

PARADDU — Anthoniged Momber	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Francis Rooney
	6300 North Central Expressway
	Dallas, TX 75206
(Use attachment if necessary) LE V: Effective date, if other than t	he date of filing: (OPTIONAL)
LE V: Effective date, if other than t ffective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days put the applicable statutory filing requirements, this date will not be listed e's records.
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet of seffective date on the Department of State LE VI: Other provisions, if any.	t the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet of seffective date on the Department of State LE VI: Other provisions, if any.	t the applicable statutory filing requirements, this date will not be listed e's records.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet a seffective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed in I am aware that any false informations.	t the applicable statutory filing requirements, this date will not be listed e's records.