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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

| Date: | | wil DW |
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| | ACCT. I20160000072 | |
| Name: | Wood F Systems LLC | |
| Document #: | | |
| Order #: | 10579796 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing: | Certified: Plain: COGS: | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ \50 | |

Thank you!

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Wood E Systems, 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: |
| Bradley K Jones (Contact Person) Wood E Systems, LLC (Firm/Company) |
| 2302 SE 29Th Street (Address) |
| Okeechobee, FL 34974 (City, State and Zip Code) |
| E-mail Address: (to be used for future annual report notifications) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (864) 553-6603 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States) |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status |
| STREET ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations |

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

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: WOOD E SYSTEMS LLC |
|----------|--|
| | (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.) |
| . | South Carolina |
| ۲ı | rst organized, formed or incorporated under the laws of |
| or | 12/08/2009 (date of organization, formation or incorporation) |
| | (date of organization, formation or incorporation) |
| 3. | The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| | WOOD E SYSTEMS LLC |
| _ | (Enter Name of Florida Limited Liability Company) |
| (Table N | If not effective on the date of filing, enter the effective date: The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the boundaries effective date on the Department of State's records. |
| 5 | The plan of conversion has been approved in accordance with all applicable statutes. |
| 6 | The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. |

_ /;/ ,

| Signed this 28 day of Joly | 20 |
|---|--|
| Signature of Authorized Representative of Limite | ed Liability Company: |
| Signature of Authorized Representative: Branch Printed Name: Bindley K. Tones | Aller K form Title: Authorized Person |
| Signature(s) on hehalf of Other Business Entity: [S | |
| Signature: Bradley K. Jones | |
| Printed Name: Bradley K. Jones | Title: Authorized Person |
| Signature: | Tide |
| Printed Name: | |
| Signature:Printed Name: | mid |
| Printed Name: | _ 11de: |
| Signature:Printed Name: | Til |
| Printed Name: | |
| Signature:Printed Name: | Tista: |
| Printed Naine: | Title. |
| Signature:Printed Name: | Title |
| Printed Name: | _ nue |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C | Officer. |
| If Directors or Officers have not been selected, an Inc | corporator must sign. |
| If Florida General Partnership or Limited Liabilit | y Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners. | y Limited Partnership: |
| All others: Signature of an authorized person. | |
| 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) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| WOOD E SYSTEMS LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2302 SE. 29th Street OKecchobre, Fl 34974 | P.O. Box 68 OKeechologe, Fl 34973 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another |
| The name and the Florida street address of the re | egistered agent are: |
| C T Corporation | System |
| Name | • |
| 1200 South Pine | Island Road |
| Florida street address (P.O | |
| Plantation, | FL_33324 |
| City | Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete i | o accept service of process for the above stated limited this certificate. I hereby accept the appointment as city. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S |
| Da: | nny Verdecchia-Asst. Secy |
| Registered Agent's Sign | nature (REQUIRED) |
| (CONTIN | NUED) |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager AMBR | Bradley K. Jones 2302 SE 29m Street Okeechobee, Fl 34974 |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | |
| (Use attachment if necessary) CLE V: Other provisions, if any. | |
| | |
| LE V: Other provisions, if any. | |
| LE V: Other provisions, if any. REQUIRED SIGNATURE: | 1 |
| REQUIRED SIGNATURE: Bually K Signature of a member of | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fellows. |
| REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware |

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-