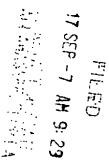
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| Certified Copies        | Certificates       | of Status   |
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| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

| TO: New Filing Sec<br>Division of Co             |   |                                       |                     |  |
|--|---|---------------------------------------|---------------------|--|
| SUBJECT: Centri-Poir                             | •   |                                       |                     |  |
| SUBJECT:   |   | sulting Florida Limit                 | ed Com              | pany)  |
| The enclosed Articles<br>Business Entity" into a | of Conversion, Artic<br>a "Florida Limited Li         | eles of Organization                  | on, and<br>'' in ac | I fees are submitted to convert an "Othe cordance with s. 605,1045, F.S. |
| Please return all corres                         | spondence concernin                                   | g this matter to:                     |                     |  |
| Michael Lee Murray                               |   |                                       |                     |  |
|  | (Contact Person)                                      |                                       |                     |  |
| Centri-Pointe LLC                                |   |                                       |                     |  |
|  | (Firm/Company)  |                                       |                     |  |
| 19118 Sweet Clover Lane                          |   |                                       |                     |  |
|  | (Address)   | -                                     |                     |  |
| Tampa, Fl. 33647                                 |   |                                       |                     |  |
| (Ci  | ty, State and Zip Code)                               |                                       |                     |  |
| donna.murray@cpecg.com                           | 1   |                                       |                     |  |
| E-mail Address; (to be                           | used for future annual re                             | port notifications)                   |                     |  |
| For further information                          | n concerning this ma                                  | tter, please call:                    |                     |  |
| Donna Marie Murray                               |   | _at (                                 | 220-21              | 201  |
| (Name of Contact                                 | Person)   | (Area Code)                           | (Dayt               | ime Telephone Number)  |
| Enclosed is a check for dollars and drawn on a   | r the following amou<br>bank located in the           | int: (All checks pi<br>United States) | ocessi              | ed by this office must be payable in US                                  |
| (\$25 for Conversion :                           | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180,00 Filing and Certified Copy   |                     | CI\$185.00 Filing Fees.<br>Certified Copy, and<br>Certificate of Status  |
| STREET ADDRESS:                                  |   | MAILI                                 | NG A                | DDRESS:  |
| New Filing Section                               |   | New Fil                               | ing Se              | ction  |
| Division of Corporatio Clifton Building          | ns  |                                       |                     | orporations  |
| 2661 Executive Center                            | Circle  | P. O. Bo<br>Tallahas                  |                     | 7<br>L 32314   |

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: Centri-Pointe 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.                     |
| First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)  |
| (Enter state, or if a non-U.S. entity, the name of the country)  |
| 1/21/2015<br>on  |
| (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Centri-Pointe LLC  |
| (Enter Name of Florida Limited Liability Company)  |
| 4. If not effective on the date of filing, enter the effective date: on date of filing   |
| (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after<br>the date this document is filed by the Florida Department of State.)                       |
| 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. |
| ·  |

- 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 23 day of August  | 20_ <u></u>  |
|---|--|
| Signature of Authorized Representative of Limi  | ted Liability Company:   |
| Signature of Authorized Representative:  Printed Name: Michael Lee Murray                                 | Title: Principal   |
| Signature(s) on behalf of Other Business Entity:  |  |
| Signature: Michael Lee Murray  Printed Name: Michael Lee Murray   |  |
| Printed Name: Michael Lee Murray  | Title: Principal   |
|   |  |
| Signature:Printed Name:   | Title:   |
| Signature: Printed Name:  |  |
| Printed Name:   | Title:   |
| Signature: Printed Name:  |  |
| Printed Name:   | Title:   |
| Signature:  | mut  |
| Printed Name:   | Little:  |
| Signature: Printed Name:  | Tal  |
|   | Title.   |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or                                | Officer  |
| If Directors or Officers have not been selected, an Inc   |  |
| If Florida General Partnership or Limited Liability Signature of one General Partner.                     | ty Partnership:  |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.            | y Limited Partnership:   |
| All others: Signature of an authorized person.  |  |
| <u>Fees:</u>  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Centri-Pointe LLC  |   |
|--|---|
| (Must contain the words "Limited   | dability Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of  | he principal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
| 19118 Sweet Clover Lane  | 19118 Sweet Clover Lane   |
|  |   |
| ARTICLE III - Registered Agent, Regis  | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another   |
| (The Limited Liability Company cannot serve as its own   | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another   |
| ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of                         | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another   |
| ARTICLE III - Registered Agent, Registered Elimited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Donna 1                | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:  Manuary Name |
| ARTICLE III - Registered Agent, Regis The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.) The name and the Florida street address of  Donna  [9]18 Swiet Clore | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:  Murray Name |

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 \_\_acept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

| AR | TIC | LE | IV- |
|----|-----|----|-----|

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

| Title:  | Name and Address:  |
|---|--|
| "AMBR" = Authorized Member  |  |
| "MGR" = Manager   |  |
| MGR   | Michael Lee Murray   |
|   | 19118 Sweet Clover Lane  |
|   | Tampa, FL 33647  |
|   |  |
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| CLE V: Other provisions, if any.  |  |
|   |  |
|   |  |
| REQUIRED SIGNATURE:   | Mun  |
| Signature of a member or This document is executed in accordance any false information submitted in a docu  | an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the innent to the Department of State constitutes a third degree felo |
| Signature of a member or This document is executed in accordance any false information submitted in a document in | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that  |

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