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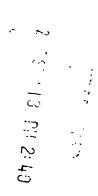
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COVER LETTER

TO:	New Filing Sect Division of Corp				
SUB.	JECT: Frank FOOI	R,LLE Fran	K Forr	. U	.C
2,012,		(Name of Re	sulting Florida Limit	ed Con	ipany)
The e Busin	enclosed Articles oness Entity" into a	of Conversion, Artic "Florida Limited L	cles of Organizati iability Company	on, an " in a	d fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Pleas	e return all corresp	oondence concernir	ng this matter to:		
Jame	s Morey				
		(Contact Person)			
Bond	Schoeneck & King,	PLLC			
	-	(Firm/Company)		•	
4001	Tamiami Trail N, Su	uite 105			
		(Address)		•	
Naple	es, FL 34103				
	(City	y, State and Zip Code)		_	
jmore	y@bsk.com			_	
E-1	mail Address: (to be u	ised for future annual r	eport notifications)		
For fi	urther information	concerning this ma	atter, please call:		
Jame	s Morey		at (<u>239</u>	659-	3813 vtime Telephone Number)
	(Name of Contact	Person)	(Area Code)	(Day	rtime Telephone Number)
		the following amo bank located in the		roces	sed by this office must be payable in US
(\$25 f & \$12	or Conversion a	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Address New Filing Sector Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: Frank FORR, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liabilty company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(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)
08/29/2011
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Frank FORR, LLC
(Enter Name of Florida Limited Liability Company)
4. 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.)
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.
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.

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Frank FORR, LLC		
(Must contain the words "Limited Li	ability Company, "L.1C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited 1	Liability Company is:
Principal Office Address:	Mailing Address:	
2730 Ardisia Lane	2730 Ardisia Lane	
Naples, FL 34109	Naples, FL 34109	·
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of the server and the server as the server a	Registered Agent. You must designate an ind	t's Signature: ividual or another
	-	12
James F Morey	lame	S An
'`	rance .	:5 ·
4001 Tamiami Trial N, Su		<u></u>
Florida street address ((P.O. Box NOT acceptable)	
Naples	FL ³⁴¹⁰³	N
City	Zip	0.4
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constantes relating to the proper and companded accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby acce apacity. I further agree to comply lete performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and

ARTICLE 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	Cindu Boods
MGR	Cindy Rooda 2730 Ardisia Lane
	Naples, FL 34109
	Napics, 1 E 54 105
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:_	
REQUIRED SIGNATURE.	\mathcal{A}
(an	
	/ / I to I
Signature of a member or	Suranthorized representative of a member
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware
This document is executed in accordance any false information submitted in a docu	e with section 605,0203 (1) (b), Florida Statutes, I am aware
This document is executed in accordance	e with section 605,0203 (1) (b), Florida Statutes, I am aware
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes, I am aware a member to the Department of State constitutes a third degree fe
This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. James F Morey	e with section 605,0203 (1) (b), Florida Statutes, I am aware

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