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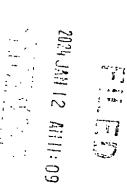
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Street Address:

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)

### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: Falkore Resource Group LLC					
(Name of Resi	ulting Fl	orida Limi	ed Com	рапу)	
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lie	les of C ability	Organizati Company	on, and	d fees are submitted to e ecordance with s. 605.10	onvert an "Other 045, F.S.
Please return all correspondence concerning	g this m	natter to:			
John Maxwill Shimp					
(Contact Person)			•		
Falkore Resource Group LLC					
(Firm/Company)			_		202
1011 Nottingham Dr.					
(Address)			_		
Quincy IL 62305					2024 JAN 12 AM 11: 09
(City, State and Zip Code)			-		
max.shimp@falkoreresourcegroup.com					= 3
E-mail Address: (to be used for future annual re	port noti	fications)	_		09
For further information concerning this ma	tter, ple	ease call:			
John Shimp	at (	217	430	-7879 /time Telephone Number)	
(Name of Contact Person)	(	Area Code	) (Day	rtime Telephone Number)	•
Enclosed is a check for the following amou dollars and drawn on a bank located in the			process	sed by this office must b	e payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\begin{array}{c} \$155.00 Filing Fees and Certificate of Status		80,00 Filing Tertified Co	_	☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			New Divis	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 <u>and attached Articles of Organization</u> 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 riling of the Articles of Conversion is.
Falkore Resource Group, LLC  (Enter Name of Other Business Entity)
Limited Lighility Company
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
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: Falkore Resource Group, 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

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which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 8th day of January	_ 20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: The Printed Name: John Shimp	Title: MGR
Signature(s) on behalf of Other Business Entity: [5]	
Signature: Talis (June) Printed Name: John Shimp	m: L MOD
Printed Name: John Shimp V	_ Title: MGR
Signature:Printed Name:	_ Title:
Signature	
Printed Name:	_ Title:
Signature:	
Signature: Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	
Signature:Printed Name:	202
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty 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 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	lkore Resource Group, LL		
(Must	contain the words "Limited Liab	ility Company, "L.L,C.," or "LLC.")	
ARTICLE II - Addi	ress:		
		principal office of the Limited Liability Co	mpany is
Principal Office Ad	dress:	Mailing Address:	
2351 Lakeview Dr. Ur	nit 106	1011 Nottingham Dr.	
	III, 100		
Sebring FL 33870  ARTICLE III - Reg	gistered Agent, Register	Quincy IL 62305  red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another.	re: ner
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	gistered Agent, Register	Quincy IL 62305  red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another.	re: ner
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	gistered Agent, Register pany cannot serve as its own Re- ive Florida registration.)	Quincy IL 62305  red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another.	re: ner 2024
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	gistered Agent, Register opany cannot serve as its own Re- ive Florida registration.) orida street address of the Nathan Rogers	Quincy IL 62305  red Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another.	re: 2024 JA
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the FI	gistered Agent, Register opany cannot serve as its own Re- ive Florida registration.) orida street address of the Nathan Rogers	ed Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another registered agent are:	re: 2024 JAH 12
ARTICLE III - Reg (The Limited Liability Com- business entity with an act The name and the FI	gistered Agent, Register opany cannot serve as its own Re- ive Florida registration.) orida street address of the Nathan Rogers Na 2351 Lakeview Dr. Unit 40	ed Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another registered agent are:	2024 JAH 12
ARTICLE III - Reg The Limited Liability Com- business entity with an act The name and the FI	gistered Agent, Register opany cannot serve as its own Re- ive Florida registration.) orida street address of the Nathan Rogers Na 2351 Lakeview Dr. Unit 40	ed Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another registered agent are:	re: re: 2024 JAH 12 MAIII: 00

Registered Agent's Signature (REQUIRED)

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

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR	The John Maxwell Shimp Revocable Living Trus			
	1011 Nottingham Dr.			
	Quincy IL 62305			
MGR	John Maxwell Shimp			
	1011 Nottingham Dr.			
	Quincy IL 62305			
· · · · · · · · · · · · · · · · · · ·				
(Hay attachment if pageagamy)				
(Use attachment if necessary)				
CLE V: Other provisions, if any.	AH 11:09			
REQUIRED SIGNATURE:				
Toku dlaste all Char				

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Maxwell Shimp, Trustee for The John Maxwell Shimp Revocable Living Trust

Typed or printed name of signee

#### Filing Fees

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