

CONTACT:

L95000000189 4/16/89

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Big Pine Estate, L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RUSH

☒ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ ARTICLES ONLY

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

☐ ALL CHARTER DOCS

☐ CERTIFICATE OF GOOD STANDING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

H SIMS MAR - 9 1995

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR
PICKUP BY
UCC SERVICES**

Examiner's Initials

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of this Limited Liability Company is: BIG PINE ESTATE, L.C.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 1932 Tyler Street, Hollywood, FL 33020.

ARTICLE III
PURPOSE

This Limited Liability Company is created for the purpose of transacting the business of Real Estate Investment and in such other related business as may be agreed on by the members.

ARTICLE IV
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V
REGISTERED AGENT

The initial registered agent of the Limited Liability Company shall be E. T. HUNTER, ESQUIRE.

ARTICLE VI
CONTRIBUTIONS

The initial amount of capital contributions (including cash and a description of the agreed value of property) is \$1,000.00, which will be contributed by the members.

ARTICLE VII
MANAGEMENT

This Limited Liability Company is to be managed by the members and the names and addresses of the managing members are: ROBERT E. JOINER, 1932 Tyler Street, Hollywood, Florida 33020, and FRANK R. HUNTER, JR., 1932 Tyler Street, Hollywood, Florida 33020.

ARTICLE VIII
ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: no additional members shall be admitted.

ARTICLE IX
MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: given to the remaining member.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.

NAME/TITLE: Robert E. Joiner Managing Member

NAME/TITLE: Frank R. Hunter, Jr. Managing Member

Before me personally appeared Robert E. Joiner and Frank R. Hunter, Jr., who to me known to be the persons who executed the foregoing articles of organization.

In witness whereof, I have hereunto set my hand and seal on this 1st day of February, 1995.

Phyllis J. Castronovo
Notary Public

My commission expires:

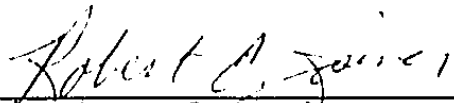


PHYLLIS J. CASTRONOVO
MY COMMISSION # CC253560 EXPIRES
January 9, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of BIG PINE ESTATE, L.C.

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$500.00.
3. If any, the agreed value of property other than cash contributed by members is -0-. A description of the property is attached and made a part hereon.
4. The total amount of cash or property anticipated to be contributed by members is \$500.00. The total includes amounts from 2 and 3 above.



Signature of a member or
authorized representative of a
member

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of BIG PINE ESTATE, L.C.

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$500.00.
3. If any, the agreed value of property other than cash contributed by members is -0-. A description of the property is attached and made a part hereon.
4. The total amount of cash or property anticipated to be contributed by members is \$500.00. The total includes amounts from 2 and 3 above.

Signature of a member or
authorized representative of a
member

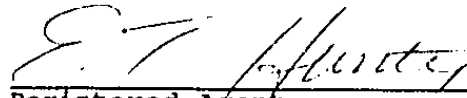
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is BIG PINE ESTATE, L.C.
2. The name and address of the registered agent and office is:

E. T. HUNTER, ESQUIRE
1930 Tyler Street
Hollywood, FL 33020

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby 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.



Registered Agent

FEB 1, 1995

Dated

FILED
MAR 2 1995

L95000000189

Rt 5 Box 4225
Tall. FL 32311

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
1995 MAR 18 AM 8:39
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

L.C.
YAB
3/10/95
L95-189

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

FILED
1995 MAR -8 AM 8:39
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Convergent Interactives L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Route 5 Box 4225 (Rebel Road)
Tallahassee FL 32311

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

John S. Scheper
Rt 5 Box 4225
Tallahassee, FL 32311

John H. Zerky
Rt. 5 Box 4225
Tallahassee, FL 32311

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Determined by existing members.

ARTICLE VI - Members Rights to Continue Business:

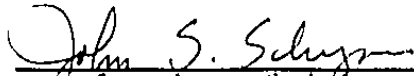
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Determined by subsequent resolution.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Convergent
Interactives L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 500.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Convergent
Interactives L.C.

2. The name and address of the registered agent and office is:

John S. Schepers
(Name)
Rt. 5 Box 4225
(P.O. Box not acceptable)
Tallahassee, FL 32311
(City/State/Zip)

FILED
1995 MAR -8 AM 8:40
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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.

John S. Schepers
(Signature)

3/4/95
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

FILE NOW: Fee after May 1, will be \$263.75

FILED

96 FEB 14 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L9500000189
LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995
DIVISION OF CORPORATIONS

FILING FEE \$238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000189
CONVERGENT INTERACTIVES L.C.
RT. 5, BOX 4225 (REBEL RD.)
TALLAHASSEE FL 32311
96-AR
LWS
CM

1a. Principal Place of Business Address
RT. 5, BOX 4225 (REBEL RD.)
TALLAHASSEE FL 32311

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
RT 5 Box 4225 (REBEL RD.)
Suite, Apt. #, etc.
City & State
TALLAHASSEE, FL
Zip
32311
Country

3. Date Organized or Qualified
03/08/1995
3a. State of Formation
FL
4. FET Number
59-3304250
5. Date of Last Report
?
6. Certificate of Status Desired
Not Applicable ☒

7. Name and Address of Current Registered Agent
SCHEPER, JOHN S
RT. 5, BOX 4225
TALLAHASSEE FL 32311

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

9. Pursuant to the provisions of Sections 600.416 and 600.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (If 311, Registered Agent signature required when filing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHEPER, JOHN S	RT. 5, BOX 4225	TALLAHASSEE FL
MGRM	ZERKY, JOHN H	RT. 5, BOX 4225	TALLAHASSEE FL

700001722407
-02/23/96--01028--018
***247.50 ***247.50

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John H. Zerky JOHN H. Zerky 2-13-96 (94)921-5036
Signature (and typed name) of the person authorized to sign this report as required by Chapter 608, Florida Statutes.

L95000000189

Sandon Philip
Requestor's Name
3711 Swallowtail Tr.
Address
Tallah. FL 32308 6/10/96
City/State/Zip Phone #

300001865673
-06/18/96--01125--001
****113.75 ****113.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Convergent Interactive C.C. A1
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
JUN 10 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6250-Billing
CC & CUS
NCRS
6-10
if any problem
Please call
894-0838

Examiner's Initials	
---------------------	--

**CERTIFICATE OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONVERGENT INTERACTIVES L.C.

(Present Name)

(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was March 8, 1995

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

The articles of organization have been amended to reflect the change of the name of the organization. The new name is Schepers Interactives L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN 10 PM 1:41

FILED

Dated 5/8, 19 96

John S Schepers

Signature of a member or authorized representative of a member

John S Schepers


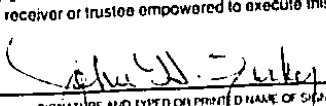
Typed or printed name of person signing

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 JAN 29 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Dandra D. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company SCHEPER INTERACTIVES L.C. RT. 5, BOX 4225 (REBEL RD.) TALLAHASSEE FL 32311		DOCUMENT #L95000000189	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 03/08/1995		3b. State of Formation FL	
4. FEI Number 59-3304250		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/14/1996		8. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SCHEPER, JOHN S RT. 5, BOX 4225 TALLAHASSEE FL 32311		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (R31) (Registered Agent signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHEPER, JOHN S	RT. 5, BOX 4225	TALLAHASSEE FL
MGRM	ZERKY, JOHN H	RT. 5, BOX 4225	TALLAHASSEE FL
			0000002074010--6 -01/30/97--01076--010 ****212.50 ****212.50
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		JOHN H. ZERKY MGRM 1-22-97 421-6621	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	