

CERTIFICATE OF CONVERSION

OF

OLD NATIONAL GYN, INC.

THE NAME & JURISDICTION OF THE ORGANIZATION MAKING THE ELECTION IS: OLD NATIONAL GYN, INC. A GEORGIA CORPORATION.

OLD NATIONAL GYN, INC. ELECTS TO BECOME A LIMITED LIABILITY COMPANY.

THE EFFECTIVE DATE WILL BE UPON APPROVAL BY THE SECRETARY OF STATE.

THE ELECTION HAS BEEN APPROVED AS REQUIRED BY SUBSECTION (A) OF THIS CODE SECTION (14-11-212)

FILED WITH THE CERTIFICATE OF CONVERSION ARE ARTICLES OF ORGANIZATION ALONG WITH THE TRANSMITTAL FORM.

THE MANNER & BASIS FOR CONVERTING THE SHARES OF STOCK IN THE CORPORATION INTO OWNERSHIP INTEREST IN THE LIMITED LIABILITY COMPANY WILL BE ONE SHARE WILL EQUAL ONE OWNERSHIP INTEREST.

IN WITNESS WHEREOF, THIS CERTIFICATE OF CONVERSION HAS BEEN EXECUTED THIS 22ND DAY OF AUGUST, 2014

  
SARAH HOLMES, CFO

2014 SEP 10 AM 10:53  
SECRETARY OF STATE  
CORPORATIONS DIVISION

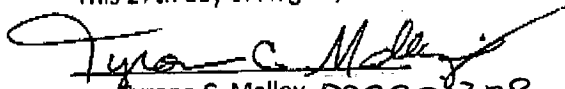
Articles of Organization  
Of  
Old National GYN, LLC

Article 1.

The name of the limited liability company is Old National GYN, LLC.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization.

This 27th day of August, 2014

  
Tyrone C. Malloy, Organizer



Brian P. Kemp  
Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
(404) 656-2817  
sos.georgia.gov/corporations

TRANSMITTAL INFORMATION  
GEORGIA LIMITED LIABILITY COMPANY

**IMPORTANT**

Remember to include your e-mail address when completing this transmittal form.  
Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you.

E-Mail: Sholmes4mao9@AOL.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)  
OLD NATIONAL GYM LLC  
LLC Name (List exactly as it appears in articles)

2. Sarah Holmes Telephone Number 404 534 0035  
Name of person filing articles (Certificate will be mailed to this person at address below.)  
4201 Rainbow Dr  
Address  
Decatur GA 30034  
City State Zip Code

3. 4201 Rainbow Dr  
Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)  
Decatur GA 30034  
City State Zip Code

4. Sarah Holmes  
Name of LLC's Registered Agent in Georgia  
4201 Rainbow Dr  
Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)  
Decatur DeKalb GA 30034  
City County State Zip Code

5. Name and Address of Each Organizer (Attach additional sheets if necessary.)  
Lynne C. Malloy 4201 Rainbow Dr Decatur GA 30034  
Organizer Address City State Zip Code

6. Mail the following items to the Secretary of State at the above address:  
1) This transmittal form;  
2) The Articles of Organization; and  
3) Filing fee of \$100.00 payable to Secretary of State. Filing fees are NON-refundable

Authorized Signature: Sarah Holmes Date: August 22, 2014  
Print Name: Sarah Holmes  
Signer's Capacity: (Choose one)  Member  Manager  Organizer  Attorney-in-fact

Request certificates and obtain entity information via the Internet: [sos.georgia.gov/corporations](http://sos.georgia.gov/corporations)