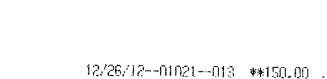
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP' WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: FINANCIAL RESDURCE ASSOCIATES, LLC (Name of Resulting Florida Limited Company)				
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S				
Please return all correspondence concerning this matter to:				
JOHN J. CANNAVINO (Contact Person) FINANCIA C RESOURE ASSOCIATES (Firm/Company) 105 West ORANGE STREET (Address) Altamente Springs FL-32714 (City, State and Zip Code) John. Cannavino @ Frasearch. Com E-mail address: (to be used for future annual report notifications)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (407) 869-7000 (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status \$\$185.00 Filing Fees Status \$\$185.00 Filing Fees Certified Copy, and Certificate of Status				
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

FILED 2012 DEC 26 PN 12: 32 SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Certificate of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of		
Conversion is: FINANCIA LRPSDURCE AGSOCIATES, INC. F8671. (Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a		
first organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)		
on 06/25/1982. (Enter date "Other Business Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:		
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: FINANCIA CRESOURCE ASSOCIATES, LLC.		
(Enter Name of Florida Limited Liability Company)		
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)		

conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

6. The conversion is permitted by the applicable law(s) governing the other business entity and the

currently organized, formed or incorporated.

Signed this 21 day of Decem	0 er 20 12
Individual signing affirms that the facts sta	resentative of Limited Liability Company: ated in this document are true. Any false information ed for in s.817.155, F.S.
Signature of Member or Authorized Repres Printed Name: <u>John J. CANNAN</u>	entative: John Cannavano (NO Title: managing Men ble
Signature(s) on behalf of Other Business E this document are true. Any false informat s.817.155, F.S. [See below for required sign	ntity: Individual(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as provided for in nature(s).]
Signature: John & Cann	aveni.
Printed Name: John J. CANNA	avino Title: PRESIDENT /OFFICER
Signature:	
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
Signature:	Title:
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Direct If Directors or Officers have not been selected	
If Directors of Officers have not been selected	u, an meorporator must sign.
If Florida General Partnership or Limited Signature of one General Partner.	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Certificate of Status.	\$5.00 (Optional) Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

105 West ORANGE STREET 105 West ORANGE ST.
Altamoste Spieings, Fizzyy Altamonte Springs, FL
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
John J. GANNAUINO Name
Florida street address (P.O. Box NOT acceptable)
Longwood FL 32779 City, State, and Zip
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 as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Membe	r	
MGRM	John J. CANNAVIND 105 WEST ORANGE ST. Altamonte Springs, FL 32714	
	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Use attachment if necessary)		
The effective date: 1) cannot be pri	or to nor more than 90 days after the date this document is filed by ND 2) must be the same as the effective date listed in the attached effective date listed therein.)	
REQUIRED SIGNATURE:	Jannavin	
Signature of a member of	r an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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 J.	ped or printed name of signee	
Ту	ped or printed name of signee	

Page 2 of 2