L13000149255

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

OCT 2 3 2013 T. HAMPTON



ACCOUNT NO. : I2000000195 REFERENCE: 855128 4312639 AUTHORIZATION : ; ORDER DATE: October 22, 2013 ORDER TIME : 2:42 PM ORDER NO. : 855128-010 CUSTOMER NO: 4312639 DOMESTIC FILING NAME: PMSI SETTLEMENT SOLUTIONS, LLCEFFECTIVE DATE: XX CERTIFICATE OF CONVERSION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

COVER LETTER

-	stration Section		
	sion of Corporations		
SUBJECT:	PMSI Settlement Solutions, LI		
	(Name	of Resulting Florida Limite	d Company)
"Other Busi	ness Entity" into a "Florida	Limited Liability Com	on, and fees are submitted to convert an pany" in accordance with s. 608.439, F.S.
Please return	nall correspondence concer	ning this matter to:	
	John Bencivenga		
	(Contact Person)		
	PMSI Settlement Solution	s, LLC	
	(Firm/Company)		
	175 Kelsey Lane		
<u> </u>	(Address)		
	Tampa, Florida, 3361	19	
	(City, State and Zip Coo	lc)	
	john.bencivenga@pmsionlin	c.com	
E-mail address	(to be used for future annual rep	port notifications)	
For further i	nformation concerning this	matter, please call:	
John Bencive	iga	at (813) 6	26-7788
(Nam	e of Contact Person)		Daytime Telephone Number)
Enclosed is	check for the following an	nount:	
\$150.00 Filing (\$25 for Conve & \$125 for Art of Organization	rsion and Certificate of icles Status	\$180.00 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status
STREET A Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle	Registration Division on P. O. Box	f Corporations

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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: PMSI Settlement Solutions, Inc. P9300005551					
(Enter Name of Other Business Entity)					
2. The "Other Business Entity" is a Corporation H					
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)					
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 12/01/2003 /19/93					
(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: 					
PMSI Settlement Solutions, 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.)					
6. The conversion is permitted by the applicable law(s) governing the other business entity and the 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 currently organized, formed or incorporated.					

Page 1 of 2

Signed this 22nd day of Occuber	20 13	
	rescritative of Limited Liability Company: ted in this document are true. Any false inford for in s.817.155, F.S.	mation.
Signature of Member or Authorized Repress Printed Name: Julia A. Jensen	mistive: July Males Males Title: Authorized Representative	
this document are true. Any false informati s.817.155, F.S. [See below for required sign	• •	
Signature Select Court	n	
Printed Names Intia A. James	Title: Secretary	
Cime atoms		
Signature:	T24	
Printed Name:	Title:	
Printed Name	Title:	
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Signature: Printed Name:		
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Signature: Printed Name:	Title	
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Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Direc	tor, or Officer.	
If Directors or Officers have not been selected		
•		
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnerships	
If Florida Limited Partnership or Limited	Liability Limited Partmership:	
Signatures of ALL General Partners.		
All others: Signature of an authorized person.		TAL
wallmanned at our manners of haraces		LLAH
Fees:		HASS
Certificate of Conversion:	\$25,00	SS
Fees for Florida Articles of Organization:	\$125.00	in c
-	\$30.00 (Optional)	
Certified Copy: Certificate of Status:	\$5.00 (Optional)	r /
Chimicate of oratos:	Page 2 of 2	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ny is:	
PMSI Settlement Solutions, LLC		
(Must end with the words "Limited Liability Company,	the abbreviation "L.L.C.,"	or the designation "LLC.")
ARTICLE II - Address:		
The mailing address and street address of	the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing	Address:
PMSI Settlement Solutions, LLC	PMSI Settl	ement Solutions, LLC
175 Kelsey Lane	175 Kelse	y Lane
Tampa, Florida, 33619	Tampa, F	orida, 33619
ARTICLE III - Registered Agent, Regis		
ARTICLE III - Registered Agent, Regis (The Limited Liability Company extent serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You n	ust designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You n	uist designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You me the registered agen	uist designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You me the registered agent contation Service Compa	uist designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corp	the registered agent coration Service Compa	uist designate an individual or another it are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corp	the registered agent oration Service Compa Name 1201 Hays Street	uist designate an individual or another it are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corp Florida street ad Tallahassee,	the registered agent oration Service Compa Name 1201 Hays Street dress (P.O. Box NC	at are: T acceptable) 32301

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..

Sue G. Knight esistant Vice President

Registered Agent's Signature (REQUIRED

(CONTINUED)

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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 Member MORM PMSI Holdings, LLC 2711 Centerville Rd, Ste 400 Wilmington, Delaware, 19808 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effective date listed therein.) REQUIRED SIGNATURE: Signature of a member open authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are tree. I am aware that any false information administed in a document to the Department of State constitutes a third degree felony as provided for in 6.817.155, F.S.) Julia A. Jensen Typed or printed name of signee Page 2 of 2

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