# L20000104366

(Re	equestor's Name)	
(Ac	ddress)	·
(Ac	ddress)	
·	,	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ri	usiness Entity Nar	ne)
(5)	Joine 35 Emily 1161	
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

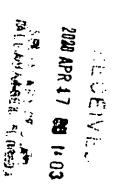
Office Use Only



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SCORETA/AY OF STATE TALLAHASSEE, FL

2020 APR 17 AM 9: 10



N CULLIGAN

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE <u>04/17/2020</u>		
	**WALK II	A**
ENTITY NAME FAST TE	RACK DEBT RELIEF, INC.	_
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
	Certified Copy	
XXXX	Certificate of Status	
**P	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	DN	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$155.00	ACCOUNT #: 120160000072	
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

#### COVER LETTER

TO: New Filing Section Division of Corporations	s	
SUBJECT: Fast Track Debt Reli	ief, Inc.	
	(Name of Resulting Florida Limi	ted Company)
The enclosed Articles of Conver Business Entity" into a "Florida	rsion, Articles of Organizati Limited Liability Company	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence	e concerning this matter to:	
Robert Linzer		_
(Contact F	Person)	
(Firm/Cor	npany)	-
6167 NW 79th Way		_
(Addn	C5S)	
Parkland, FL 33067		-
(City. State an	d Zip Code)	
rlinzer@mindspring.com		_
E-mail Address: (to be used for fu	ture annual report notifications)	
For further information concern	ing this matter, please call:	
Robert Linzer	at (	) 444-5351
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the follodollars and drawn on a bank loo		processed by this office must be payable in US
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)   \$	Filing Fees S180,00 Filing case of and Certified Co	
Mailing Address: New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

2020 APR 17 AM 9: 10

SECRETARY OF STATE TALLAHASSEE, FL

# Articles of Conversion For "Other Business Entity" Into

#### Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is Fast Track Debt Relief, Inc.
(Enter Name of Other Business Emity)
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)
(Enter state, or if a non-1), 5, entity, the fitting of the country)
March 3, 2008
(date of organization, formation or incorporation)
3 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Fast Track Ocht Relief, 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 which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this	day of April	20
Signature of Au	thorized Representative of	Limited Liability Company:
Signature of Aut	norized Representative:	Title: Manager
Printed Name: Ro	bert Linzer	Title, ivibilityer
Signature(s) on l	chalf of Other Business En	tity:  See below for required signature
Signature:		
Signature:	hod Linzar	Title: President
Printed Name: <u>Ho</u>	bert Linzer	Title: Tressouri
Signature:		
Printed Name:		Tide:
Sionature:		
		ent i
,		
Printed Name:		(1)(1)
Printed Name:		Title:
Signature:		
If Florida Corpo		
Signature of Char	rman, Vice Chairman, Direct	or, or Unicer,
If Directors or Of	ficers have not been selected.	an incorporator must sign.
	al Partnership or Limited I	iability Partnership:
Signature of one	General Parmor.	
If Florida Limit	ed Partnership or Limited I	Jability Limited Partnership:
Signatures of AL	L General Partners.	
· -	-	
All others:	, , ,	
Signature of an a	uthorized person.	
<u>Fees</u>		
Articles	of Conversion:	\$25.00
	Florida Articles of Organiza	tion: \$125,00
Certified		\$30.00 (Optional)
	Caupy.	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fast Track Debt Relie	ef, LLC		
(Mus	t contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address	dress: s and street address of	the principal office of the Limited	Liability Company is
Principal Office A	ddress:	Mailing Address:	
1901 W Cypress Cro	ek Road	1901 W Cypress Creek Road	<u></u>
Suite 400		Suite 400	
Fort Lauderdalc, Flor	rida 33309	Fort Lauderdale, Florida 3330	09
	6167 NW 79th Way	Name	SECRETARY OF S TALLAHASSEE.
	Florida street addres	ss (P.O. Box NOT acceptable)	ST.
	Parkland	FL 33067	: 귀 (
	Parktand City	FL 33067 Zip	; <u>-</u>

(CONTINUED)

<u> Fitle:</u>	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager		
MGR	Robert Linzer	
	6167 NW 79lh Way	
	Parkland, FL 33067	
MGR	Christopher Burke	
	10182 Emerson Street	
	Parkland, FL 33076	
	<u></u>	
		:
(Use attachment if necessary)		

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.

Robert Linzer, Authorized Representative of Member

REQUIRED SIGNATURE:

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)