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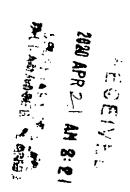
(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
· PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
File o	レ``'	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL



N CUILIO APR 20000

## Sunshine State Corporate Compliance Company

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

DATE 4/21/2020	•
	**WALK IN*
ENTITY NAME FAST T	RACK FINANCIAL SERVICES, INC., (PLEASE-FILE-SECOND)
<del></del> -	
DOCUMENT NUMBER_	
	**PLEASE FILE THE ATTACHED AND RETURN**
	Plain Copy
·	Certified Copy
XXXXXX	Certificate of Status
<b>ž</b> i	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	ON
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 155	ACCOUNT # 120160000072
UNTRY OF DESTINATION  OTAL OWED \$ 155	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  Certificate of Status Certificate of Status Reflecting:  **APOSTILLE' / NOTARIAL CERTIFICATION**  FON  ES REQUESTED  ACCOUNT # 120160000072
-	
Please call Tina at th	e above number for any issues or concerns. Thank you so much!

### COVER LETTER

Division of C					
SUBJECT: Fast Tra	ack Financial Services In	IC.			
		sulting Florida Limin	d Company)		
The enclosed Article Business Entity" into	es of Conversion, Artic u a "Florida Limited L	cles of Organization	п, and fees a ' in accordan	re submitted to convert a ce with s. 605.1045, F.S.	n "Other
Please return all con	respondence concernir	g this matter to:			
Robert Linzer					
	(Contact Person)				
	(Firm/Company)				
6167 NW 79th Way					
	(Address)				
Parkland, FL 33067					
(	City, State and Zip Code)				
rlinzer@mindspring.c	om				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Robert Linzer		_st ()	444-5351		
(Name of Conta	ict Person)		(Daytime Tele	phone Number)	
Enclosed is a check f dollars and drawn on	or the following amou a bank located in the	int: (All checks pr United States)	ocessed by th	is office must be payable	in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155,00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy	Certific	00 Filing Fees, 1 Copy, and are of Status	
Mailing Add	ress:	S	treet Addres	N:	
New Filing So			ew Filing Sc		
Division of C P.O. Box 632	•		ivision of Co		
Tallahassee, I			he Centre of	Tallahassee oe Street, Suite 810	
			allahassee, F		

INHSH (7/17)

FILED

2020 APR 21 AM 9: 08

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 Financial Services Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 1, 2010 on
(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 Financial Services, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(i he 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 stanutory filing requirements, this date will not be listed as the document's effective date on the Department of Stant'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 20th day of April	20_20
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative:	
Printed Name: Robert Linzer	Title: Authorized Rep. of Memi
Signature(s) on behalf of Other Business Entity:	[See below for required signatu
Signanire:	
Printed Name: Robert Linzer	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Ir	icorporator must sign.
If Plorida General Partnership or Limited Liabil	ity Partnership:
Signature of one General Partner.	
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others:	
Signature of an authorized person.	
Fces:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
ility Company, "L.I. C.," or "LI.C.")
principal office of the Limited Liability Company is:
Mailing Address:
1901 W Cypress Creek Road
Suite 400
Fort Lauderdale, Florida 33309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Lumited Liability Company cumot 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:

Robert Linzer Name 6167 NW 79th Way Florida street address (P.O. Box NOT acceptable) Parkland City

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 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Fainvay Financial Services, Inc.
<del></del>	1901 W Cypress Creek Road, Suite 400
	Fort Lauderdale, Florida 33309
<del></del>	
/II	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
ted Liability Company is a member man	aged (mited lightlifty company
	egos willow measury company.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member
any taise information submitted in a document	with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo-
as provided for in s.817,155, F.S.	and to proper the constitute a time to give the
Robert Linzer, Authorized Represent	ative of Member ped or printed name of signee

ARTICLE IV-