# 1000013684

|   | 7110                                      |
|---|---|
| 00789 - 00524-00le71                            | eff date-not prior to 11/20               |
| (Requestor's Name)                              |   |
| (Address)                                       | 000081910250                              |
| (Address)                                       | 000001010200                              |
| (City/State/Zip/Phone #)                        | 11/20/0601039003 **155.                   |
| PICK-UP WAIT MAIL                               |   |
| (Business Entity Name) (Document Number)        | oion)                                     |
| Certified Copies Certificates of Status         |   |
| Special Instructions to Filing Officer:      20 | O6 NOV 20 PH SECRETARY OF STALLAHASSEE FL |
| 02876 If 1121 Office Use Only                   | PH 1:47  OF STATE E FLORIDA               |

\*\*155.00

#### **COVER LETTER**

| TO:                                     | Registration Division of C  |                                 |                 |  |   |
|---|---|---------------------------------|-----------------|--|---|
| SUBJI                                   | ECT:  | XEN                             | MOR             | GAGE_  |   |
|   |   | (Name o                         | of Resulting    | Florida Limited Compar                           | y)  |
| conver                                  |   | usiness Entity                  |                 | rticles of Organization<br>'Florida Limited Liab | n, and fees are submitted to ility Company" in                        |
| Please                                  | return all corr   | espondence                      | concernin       | g this matter to:                                |   |
|   | NOLA  | n Di                            | AZ              |  |   |
|   | AXEN  | (Contact Pe                     |                 | aE   |   |
| 18                                      | 851 N   | E Z9 (Addres                    | AVE             |  |   |
|   | ventur  | Ç                               | 33<br>Zip Code) | 180  |   |
| For fu                                  | rther informat  | ion concerni                    | ng this ma      | atter, please call:                              |   |
|   | OAN<br>(Name of Cont  | DIAZ                            |                 | _at (_ <u>786</u> ) 2                            | 256-1970 Daytime Telephone Number)                                    |
| Enclos                                  | sed is a check  | ,                               | vino amo        | ·  | Daytime Telephone Number)   |
| Liferos                                 | od 13 d check   | tor the follow                  | ving anno       | unt.   |   |
| (\$25 for & \$125                       | .00 Filing Fees<br>Conversion<br>for Articles<br>nization)                    | \$155,00 F and Certifica Status |                 | \$180.00 Filing Fees and Certified Copy          | S 185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| Regist<br>Division<br>Cliftor<br>2661 F | ET ADDRES ration Section on of Corpora n Building Executive Cen assee, FL 323 | tions<br>ter Circle             |                 | Registration of P. O. Box 6                      | Corporations  |



November 21, 2006

NOLAN DIAZ AXEN MORTGAGE 18851 NE 29 AVE. 7TH FLOOR AVENTURA, FL 33180

SUBJECT: AXEN MORTGAGE, LLC Ref. Number: W06000050985

We have received your document for AXEN MORTGAGE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to 11/20/06, the date received by this office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 506A00067920

Michelle Hodges Document Specialist

## 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: AXEN MORTGAGE, TNC.   |   |
| (Enter Name of Other Business Entity)   |   |
| 2. The "Other Business Entity" is a <u>CORPORATION</u> (Enter entity type. Example: corporation, limited partnership, sole proprietorship, 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 06/29/2006 (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:  AXEN MORTGAGE LLC  |   |
| (Enter Name of Florida Limited Liability Company)   |   |
|   | , |

Page 1 of 2

SECRETARY OF STATE

- 222

Tark

5. If not effective on the date of filing, enter the effective date: 106. (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.)

Signed this 15 day of November 20 06

Signature of Authorized Person:\_

Printed Name: NOIAN DIAZ Title: PRESIDENT

#### Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

#### COVER LETTER

| TO: Registration Section Division of Corporations  |   |
|--|---|
| $\alpha$ $\alpha +$  | -a  |
|  | 5A6E<br>lorida Limited Company)   |
| The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S.           | cles of Organization, and fees are submitted to<br>lorida Limited Liability Company" in             |
| Please return all correspondence concerning  | this matter to:   |
| NOLAN DIAZ  (Contact Person)  AXEN MORTGAG  (Firm/Company)  18851 NE Z9 AVE  (Address)  AVENTURA FL 33  (City, State and Zip Code) | E   |
| For further information concerning this may  | tter, please call:  |
| NOLAN DIAZ   | at (786) 256-1970   |
| (Name of Contact Person)   | (Area Code and Daytime Telephone Number)  |
| Enclosed is a check for the following amou   | ont:  |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$ \$125 for Articles of Status                   | \$180.00 Filing Fees<br>and Certified Copy  Certified Copy, and<br>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 |

ARTICLE I - Name:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| the name of the Limited Liability Company  | ' 18:                                    |                        |       |
|--|--|------------------------|-------|
| AXEN MORTGAGE LL   | <u>.</u> C                               |                        |       |
| Must end with the words 'Limited Liability Company, "L'L.C.,")   | imited Company" or their abbreviation "I | .LC," or               |       |
| ARTICLE II - Address:  | •  |                        |       |
| The mailing address and street address of th   | e principal office of the Limite         | đ                      |       |
| Liability Company is:  | •  |                        |       |
| Principal Office Address:  | Mailing Address:                         |                        |       |
| 18851 NE 29 Ave. 7th Floor<br>Aventury, FL 33180   | 18851 NE 29 Ave -<br>Aventura, FL 331    | 7th Floor<br>180       |       |
| ARTICLE III - Registered Agent, Regist Signature: (The Limited Liability Company cannot serve as its own individual or another business entity with an active Florida registration.) |  | 4                      |       |
| The name and the Florida street address of   | the registered agent are:                | 06 NOV<br>SECRET       |       |
| NOLAN I  | IAZ                                      | W 20<br>ETARY<br>HASSE |       |
| 10-0-  | Name<br>Avenue APT. 1402                 | E9 2                   | : = } |
| Florida street address   | (P.O. Box NOT acceptable)                | S TAT                  | -     |
| Lucy Tara  | - 771/A                                  | <b>□</b>               |       |

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 Phapter 608, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

. . . .

| ARTICLE IV- Manager(s) or Manager<br>The name and address of each Manager  |  |
|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |
| PRESIDENT  | NOLAN DIAZ.<br>19390 Collins Avenue Apt 1402   |
| Vice President   | SUNNY ISLES, FL 33160  JESUS FERNANDEZ 19390 COLLINS AVENUE AFT 140: SUNNY ISLES, FL 33160               |
|  |  |
| <del> </del>   |  |
|  | (Use attachment if necessary)  |
| ARTICLE V: Effective date, if other than the (OPTIONAL) (If an effective date is listed, the date must business days prior to or 90 days after the date of the dat | be specific and cannot be more than five   |
| Signature of a mamber or on an   | the wired very sentative of a mamber   |
| (In accordance with section 608 of this document constitutes an air that the facts st  | 408(3), Florida Statutes, the execution firmation under the penalties of perjury rated herein are true.) |
| Typed or prin  | nted 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)