

LO6000116388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

CF - 141.25

(Business Entity Name)

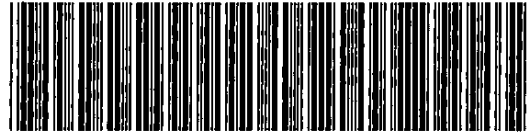
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11/20/06--01043--021 **43.75

FILED
06 DEC - 6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR A FL AL

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
06 DEC -6 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: DEVINE MORTGAGE INVESTMENTS, INC

DOCUMENT NUMBER: P05000057599

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERLINDA NOEL

(Name of Contact Person)

(Firm/ Company)

5616 S.W. 18th Street

(Address)

Hollywood, Florida 33023

(City/ State and Zip Code)

For further information concerning this matter, please call:

MERLINDA NOEL

(Name of Contact Person)

at (305) 904-1537

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
06 DEC -6 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

_____ **DEVINE MORTGAGE & INVESTMENTS, INC.** _____
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a _____ **CORPORATION** _____
(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 _____ **04/14/2005** _____
(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:

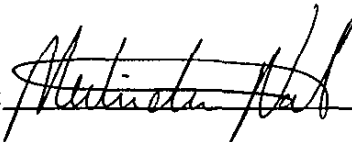
4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

_____ **DIVINE ONE INVESTMENT 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.)

Signed this 1st day of December 2006.

Signature of Authorized Person: _____



Printed Name: MERLINDA NOEL 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVINE ONE INVESTMENT LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

5616 S.W. 18th Street
Hollywood, Florida 33023

Mailing Address:

same

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:

MERLINDA NOEL

Name

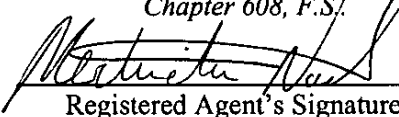
5616 S.W. 18th Street

Florida street address (P.O. Box **NOT** acceptable)

Hollywood FL 33023

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)

06 DEC - 6 PM 1:04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MERLINDA NOEL

5616 S.W. 18th Street

Hollywood, Florida 33023

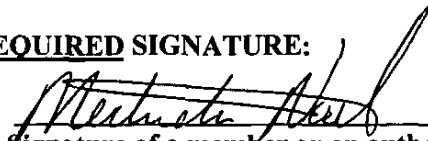
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or 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 penalties of perjury that the facts stated herein are true.)

MERLINDA NOEL

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)