

L07000033576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

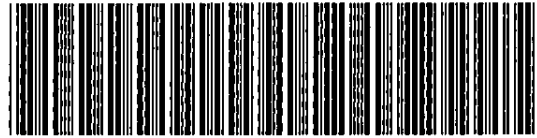
(Document Number)

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04/16/07--01013--001 \*\*25.00

RECEIVED  
07 APR 13 PM 4:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 APR 13 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 04/13/2007

REF. #: 000715.67093

CORP. NAME: INTERNATIONAL FUNDING SOLUTIONS, LLC

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TALLAHASSEE, FLORIDA

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF CORRECTION | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK            | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP               | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                            | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |  |  |
| <input type="checkbox"/> OTHER:                      |  |  |

STATE FEES PREPAID WITH CHECK# 520935 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

**FILED**  
07 APR 13 AM 9:05  
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TALLAHASSEE FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
International Funding Solutions, LLC

**SECOND:** The articles of organization or the application to transact business

**CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

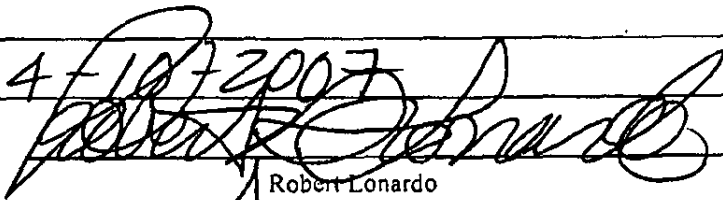
- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

See attached Exhibit A.

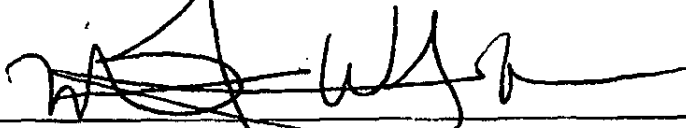
**OR**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

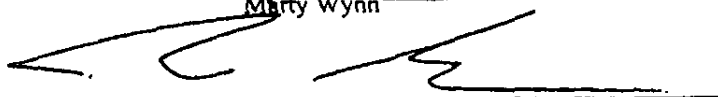
Dated:

04/10/2007  


Robert Lonardo



Marty Wynn



Ian McAuslin

"Exhibit A"  
To  
Articles of Correction for Florida or Foreign Limited Liability Company  
International Funding Solutions, LLC

(a) The incorrect statement is as follows:

**Article IV – Manager(s) or Managing Member(s):**

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

<b>Title:</b>	<b>Name and Address:</b>
"MGR" = Manager "MGRM" = Managing Member	
<b><u>MGR</u></b>	<b><u>Robert Lonardo</u></b> <b><u>11849 NW 12<sup>th</sup> Dr.</u></b> <b><u>Coral Springs, FL 33071</u></b>
<b><u>MGR</u></b>	<b><u>Marty Wynn</u></b> <b><u>12803 Odens Bequest</u></b> <b><u>Bowie, MD 20720</u></b>
<b><u>MGR</u></b>	<b><u>Ian McAuslin</u></b> <b><u>112 Long Ben Dr.</u></b> <b><u>Key Largo, FL 33037</u></b>

(b) The reason the statement is incorrect is as follows:

Marty Wynn and Ian McAuslin were not intended to be named as Managers and Robert Lonardo was intended to be named Managing Member not Manager.

(c) The correct statement is as follows:

**Article IV – Manager(s) or Managing Member(s):**

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

<b>Title:</b>	<b>Name and Address:</b>
"MGR" = Manager "MGRM" = Managing Member	
<b><u>MGRM</u></b>	<b><u>Robert Lonardo</u></b> <b><u>11849 NW 12<sup>th</sup> Dr.</u></b> <b><u>Coral Springs, FL 33071</u></b>

**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:

International Funding Solutions Inc. 907-7151

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a International Funding Solutions LLC  
(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 1/16/2007

(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:

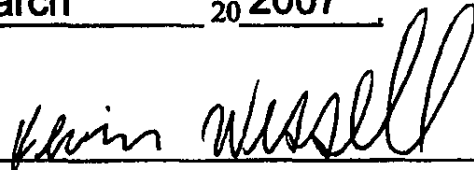
International Funding Solutions LLC

(Enter Name of Florida Limited Liability Company)

2007 MAR 28 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 27th day of March 202007.

Signature of Authorized Person: 

Printed Name: Kevin Wessell Title: Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**International Funding Solutions 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:**

11849 NW 12th Dr.

Coral Springs, FL 33071

**Mailing Address:**

23404 W. Lyons Ave #223

Santa Clarita, CA 91321

**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:

**Presidential Services Incorporated**

**1217 Cape Coral Parkway, #300**

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

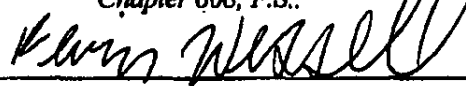
**Cape Coral FL 33904**

City, State, and Zip

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*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)

**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:**

MGR

Robert Lonardo

11849 NW 12th Dr.

Coral Springs, FL 33071

MGR

Marty Wynn

12803 Odens Bequest Dr.

Bowie, MD 20720

MGR

Ian McAuslin

112 Long Ben Dr.

Key Largo, FL 33037

(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.)**

**Kevin Wessell**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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