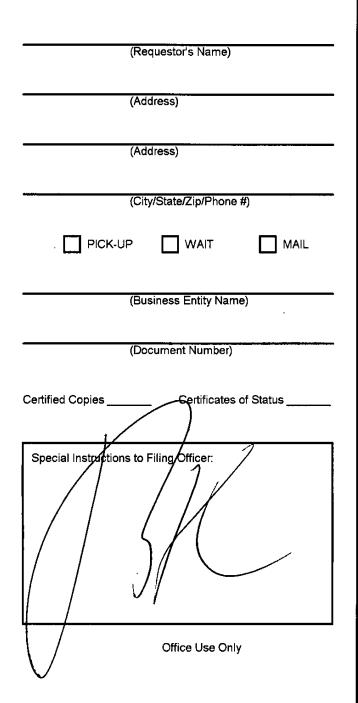
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Sonstate Research Requester's Name  Address  City/State/Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):
	Loan Corporation
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Conversion to UC
	Examiner's Initials
CR2E031(7/97)	

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

TALLAHASSEE, TI 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.

2. The "Other Business Entity" is a corporation  (Enter Name of Other Business Entity)  (Enter Name of Other Business Entity)  (Enter Name of Other Business Entity)	119
(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 June 1, 1998	
(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:	
Advantage Home Loan, LLC	
(Enter Name of Florida Limited Liability Company)	

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 6 day of June	20_07
Signature of Authorized Person:	
Printed Name: Calvin F. Ross Title	President
<u>Fees:</u>	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TO BI - Name:

The initial company is: "L.C.,")

### **ARTICLE II - Address:**

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

## **Principal Office Address:**

## Mailing Address:

500 W. Cypress Creek Road

Suite 330

Fort Lauderdale, FL 33309

500 W. Cypress Creek Road

Suite 330

Fort Lauderdale, FL 33309

## 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:

Calvin F. Ross

500 W. Cypress Creek Road, Suite 330

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

Fort Lauderdale, FL 33309

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) Page 1 of 2

# 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:
5 5	
MGRM	Calvin F. Ross
	500 W. Cypress Creek Road
	Fort Lauderdale, FL 33309
<u> </u>	
<del></del>	
	(Use attachment if necessary)
Æ V: Effective date, if other than the	(Use attachment if necessary)
NAL) fective date is listed, the date must days prior to or 90 days after the d	e date of filing:be specific and cannot be more than fiv
NAL) fective date is listed, the date must days prior to or 90 days after the date of the	e date of filing:be specific and cannot be more than fiv
REQUIRED SIGNATURE:  Signature of a member or an au  (In accordance with section 608.4 of this document constitutes an affi	e date of filing:
NAL) fective date is listed, the date must days prior to or 90 days after the date.  REQUIRED SIGNATURE:  Signature of a member or an au  (In accordance with section 608.4 of this document constitutes an after the date of	be specific and cannot be more than five ate of filing.)  thorized representative of a member.  408(3), Florida Statutes, the execution firmation under the penalties of perjury
NAL) fective date is listed, the date must days prior to or 90 days after the date of the date must days prior to or 90 days after the date of the days prior to or 90 days after the days	be specific and cannot be more than finate of filing.)  thorized representative of a member.  408(3), Florida Statutes, the execution firmation under the penalties of perjury
NAL) fective date is listed, the date must days prior to or 90 days after the date of the date must days prior to or 90 days after the date of the days prior to or 90 days after the days	be specific and cannot be more than five ate of filing.)  thorized representative of a member.  408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)