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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: One-Step Lien Search, LLC (Name of Resulting Florida Limited Company) |
| The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. |
| Please return all correspondence concerning this matter to: |
| Tvan Ramos (Contact Person) One-Step Lien Search (Firm/Company) |
| 13155 SW 42 ST 207 (Address) |
| Miami, FL 33175 |
| (City, State and Zip Code) |
| |
| Tyan Ramos at (786) 486-8081 (Name of Contact Person) (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$\sum_{\text{\$150.00 Filing Fees}} \sum_{\text{\$155.00 Filing Fees}} \sum_{\text{\$185.00 Filing Fees}} \sum_{\text{\$185.00 Filing Fees}} \sum_{\text{\$185.00 Filing Fees}} \sum_{\text{\$185.00 Filing Fees}} \text{\$185.00 Filing Fees}, \text{\$Certified Copy, and Certificate of Status} \text{\$Certificate of Status} \text{\$Organization} |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 |

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> 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: One-Step Gen Search Inc. POLOUO 900 7.5 (Enter Name of Other Business Entity) |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a 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 $Q \setminus Q \setminus$ |
| (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 and 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. |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Company) |
| ' (k'nter Name et kleride Limited Lighility ('empany) |

| 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 14 day of August 2007. |
| Signature of Authorized Person: |
| Printed Name: Ivan Camos Title: President |

Fees:

Certificate of Conversion:

. \$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

Page 2 of 2



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| One Step Lien Search, LC. |
| (Must end with the words *Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 13155 SW 42 ST 202 P.O.BOX 940637 Miami, FL 33175 Miami, FL 33194 |
| 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: |
| Ivan Ramos ARR ARRINGS |
| 13155 SW 42 5T 802 |
| Florida street address (P.O. Box NOT acceptable) |
| Miami FL 33175 ST TO City, State, and Zip |
| 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 |

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Chapter

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| 5 5 | |
| MGR | Ivan Ramos |
| | 17624 SW 6 ST |
| | <u>Pembroke Vines, FC 33</u> |
| MGR | Morayma Ramos |
| | 17624 SW 6 ST |
| | Pembroke Pines, FC 33 |
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| , | (Use attachment if necessary) |
| I F. V. Effective data if other than the | • • |
| LE V: Effective date, if other than the | • |
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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)