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(C	ty/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
_		_
(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	ĺ

Office Use Only



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2008 MAY -1 PH 2: 1
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

MAY - 22008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora	ntions		
SUBJECT: United S	States Mon Name of Resulting	rtgage Cris Florida Limited Company)	is Center LL
The enclosed Certificate of convert an "Other Business accordance with s. 608.439	Entity" into a "		
Please return all correspond	dence concerning	g this matter to:	
Catrina Coo United States 1	Hortgage (ASSEE, FLORIDA
09 27499 River	1ewch S	ste 463	,
Bon Ita Spring	S F 1 3 ate and Zip Code)	34134	
For further information cor			
Catrina Hug (Name of Contact Pers	hes	_at (239) 44	4-1722 ytime Telephone Number)
			yttille rerepilotie (vitilloer)
Enclosed is a check for the	following amou	nt:	
	55.00 Filing Fees Certificate of s	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	DDRESS:
Registration Section		Registration S	
Division of Corporations		Division of C	
Clifton Building		P. O. Box 632	
2661 Executive Center Cir Tallahassee, FL 32301	cie ,	Tallahassee, I	L 32314
1 ananassee, FL 54501			

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 a 60% 439. Florida Statutes
Company in accordance with s.608.439, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this
Contification of Communication in
United States Mortgage Crisis Center 6000000000000000000000000000000000000
(Enter Name of Other Rusiness Entity)
2. The "Other Business Entity" is a Sole Proprietorship 30 50
(Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)
Florida
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 January 30, 2008 (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:
- -
United States Mortgage Crisis Center LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the el (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of C listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the	
Signed this 28 day of April	20_ _08	
Signature of Authorized Person:	Zange Z	
Printed Name: Catrina Hughes Title	President lowers	
	PM 2: 11 OF STATE EE. FLORID	
Fees:	·	
Certificate of Conversion:	\$25.00	
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is Linited States Mortgage Cris		1.0	
(Must end with the words "Limited Liability Company," the a	bbreviation "L.L.C.," or the do	esignation	
ARTICLE II - Address: The mailing address and street address of the plability Company is:	3	2008 M SECT TALL	7
Principal Office Address:	Mailing Address:	유유 교	
27499 Averview Ctr Ste 463 Bonita Springs, FI 34134	SAME	2: 11 STATE LORIDA	·4147
ARTICLE III - Registered Agent, Registered	ed Office, & Registere	d Agent's	

Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name Ctr Stc 463
Florida street address (P.O. Box NOT acceptable)

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

uture (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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
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	·
•	(Use attachment if necessary)
	(Ose attachment it necessary)
LEV: Effective date, if other than the	
	(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)