# L08000050102

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Division of C			
SUBJECT: TURN	ER LENDING, LL (Name of Resulting	_C Florida Limited Com	ipany)
	cate of Conversion, Ar usiness Entity" into a "	ticles of Organiza	tion, and fees are submitted to
Please return all corr	espondence concerning	g this matter to:	
JOE A. CATARINEAL	I, ESQ. (Contact Person)		
JOE A. CATARINEAU	, PA		
	(Firm/Company)		
91750 OVERSEAS H			
	(Address)		
TAVERNIER, FL 3307	O City, State and Zip Code)	<del></del>	
,	ony, state and stip obde,		
For further informati	on concerning this ma	tter, please call:	
JOE A. CATARINEAU		_at (_305)	852-4833
(Name of Cont	act Person)	(Area Code a	and Daytime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	✓\$180.00 Filing F and Certified Copy	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions ter Circle	Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations ox 6327 (see, FL 32314

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SECRETARY OF STATE TALLAHASSEE FLORIDA

## 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" i	mmediately prior to the filing of this
Certificate of Conversion is: TURNER LENDING CORPORATION	P07-131542
(Enter Name of Ot	her Business Entity)
2. The "Other Business Entity" is a CORPOR	
(Enter entity type. Example: corporation general partnership, commo	n, limited partnership, sole proprietorship on law or business trust, etc.)
first organized, formed or incorporated under	the laws of FLORIDA
(Enter state, or if a non-U:S. e	ntity, the name of the country)
on 12/12/2007	
(Enter date "Other Business Entity" was	first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business E under the laws of which it is now organized, t	•
N/A	
4. The name of the Florida Limited Liability Articles of Organization:	Company as set forth in the attached
TURNER LENDING, LLC	
(Enter Name of Florida I	imited Lighility Company)

5. If not effective on the date of filing, enter the (The effective date: 1) cannot be prior to nor document is filed by the Florida Department of effective date listed in the attached Articles of listed therein.)	more than 90 days after the date this of State; <u>AND</u> 2) must be the same as the
Signed this 15th day of MAY	20_08
Signature of Authorized Person:	

Title: PRES/MANAGING MEMBER

#### Fees:

Printed Name: JAMES K. TURNER

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:		
TURNER LENDING, LLC (Must end with the words "Limited Liability Company." the abbu"LLC.")	reviation "L.L,C.," or the designation	
ARTICLE II - Address: The mailing address and street address of the principal Liability Company is:	ncipal office of the Limited	
Principal Office Address:	Mailing Address:	
91831 OVERSEAS HIGHWAY, SUITE C TAVERNIER, FL 33070	91831 OVERSEAS HIGHWAY SUITE C TAVERNIER, FL 33070	
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the re	Control of the contro	
JOE A. CATARINEAU, ESQ		
Name 91750 OVERSEAS HIGHWAY Plorida street address (P.O. Boy NOT acceptable)		
Florida street address (P.O. Box NOT acceptable)		
TAVERNIER,	FL 33070	
City, State,	, and Zip	
Having been named as registered agent and to	accept service of process for the	

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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM JAMES K. TURNER 91831 OVERSEAS HIGHWAY, SUITE C TAVERNIER, FL 33070 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (OPTIONAL) (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 Certificate of Conversion, if an effect date is listed therein.) **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 perjutation that the facts stated herein are true.) JAMES K. TURNER 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)

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

\$ 5.00 Certificate of Status (Optional)