L08000052090

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

Office Use Only



500127231315

05/02/08--01039--031 **185.00

08 MAY 27 PM 4: 3 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 2 7 2008

FXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mortage: Refinance Solutions 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:		
Pasquale Matranga (Contact Person)		
Mortgage & Refinance Solutions (Firm/Company)		
3336 Grand BIVD # 105		
Holiday Fl 3469D (City, State and Zip Code)		
For further information concerning this matter, please call:		
Bonnie Pagan at (347) 351-0386 (Name of Contact Person) (Area Code and Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□\$150.00 Filing Fees (\$25 for Conversion & \$155.00 Filing Fees and Certificate of Status □\$180.00 Filing Fees & \$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		



RECEIVED

08 MAY 27 PM 4: 07

SECRETA IN CHISTATE TALLAHASSEE, FLORIDA

May 15, 2008

PASQUALE MATRANGA 3336 GRAND BLVD \$ 105 HOLIDAY, FL 34690

SUBJECT: MORTGAGE & REFINANCE SOLUTIONS LLC

Ref. Number: W08000022474

We have received your document for MORTGAGE & REFINANCE SOLUTIONS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00031109



RECEIVED

08 MAY 14 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 5, 2008

PASQUALE MATRANGA 3336 GRAND BLVD \$ 105 HOLIDAY, FL 34690

SUBJECT: MORTGAGE & REFIANCE SOLUTIONS LLC

Ref. Number: W08000022474

We have received your document for MORTGAGE & REFIANCE SOLUTIONS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00028570

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: Mortgage & Refinance Solution's CLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
on 9-13-2007. (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:
FI.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Mortgage & Refinance Solutions LLC.
(Enter Name of Florida I imited I jobility Company)

5. If not effective on the date of filing, enter the effective (The effective date: 1) cannot be prior to nor more to document is filed by the Florida Department of State effective date listed in the attached Articles of Organ listed therein.)	han 90 days after the date this; <u>AND</u> 2) must be the same as the
Signed this 28 day of April 20	<u>08</u>
Signature of Authorized Person: Pasquale 1	MA
Printed Name: Pasquale Matranga Title: W	
Fees:	
Certified Copy: \$30	.00 5.00 0.00 (Optional) 00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mortgage E Refinance S (Must end with the Words "Limited Liability Company," the abb "LLC.")	reviation "L.L.C.," or the designation
ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	ncipal office of the Limited
Principal Office Address:	Mailing Address:
Pasquale Matrange 1801- Grand BIUD: New Post Richy Ft 34652	Same
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	egistered agent are:
Pasquale Mar Name 4801 Gran D Florida street address (P.O.	lvanga DIVO Box <u>NOT</u> acceptable)
New fort - Richey City, State	FL 34652 , and Zip
Having been named as registered agent and to above stated limited liability company at the planereby accept the appointment as registered capacity. I further agree to comply with the prothe proper and complete performance of my disaccept the obligations of my position as registered.	nce designated in this certificate, I I agent and agree to act in this ovisions of all statutes relating to uties, and I am familiar with and stered agent as provided for in
Pasqual Mat	gnature (REQUIRED)
Registered Agent's Sig	gnature (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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW — Managing Member	
MERM	Pasquale Matranga
	4801 Gray D BIVD
	New Port Richery FT 39652
mGR	Bonnie Pagan
	1941 Cold Soring Ln
	New Port Richey F1 34653
	<u></u>
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than t	the date of tiling:
ARTICESE V. Encouve dute, in other than t	(OPTIONAL)
(The effective date: 1) cannot be prior to	o nor more than 90 days after the date this
	nent of State; AND 2) must be the same as
	Certificate of Conversion, if an effective
date is listed therein.)	
REQUIRED SIGNATURE:	
	1
Pasquale IV	
Signature of a member or an	authorized representative of a member.
(In accordance with section 60	8.408(3), Florida Statutes, the execution
of this document constitutes an	affirmation under the penalties of perjury
that the facts	stated herein are true.)
Pasquale Ma	tranga
Typed or p	rinted name of signee
	SEC.
Filing Fees:	S of Organization and Designation SEE. F
\$125 00 Filing Fee for Articles	s of Organization and Designation
of Registered Agent	of Organization and Designation
\$ 30.00 Certified Copy (Option	s of Organization and Designation S 27
\$ 5.00 Certificate of Status (Optional)
`	Optional) FLORIDA FLORIDA
	, O