*L110000 5203/

(Red	questor's Name)	
` (Add	dress)	
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(City	//State/Zip/Phone	⇒ #)
· PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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02/14/11--01025--029 **185.00

DIVISION OF CORPORATION

T. HAMPTON

MAY - 8 2011

EXAMINER

311 5115

COVER LETTER

Division of Corporations	
SUBJECT: LiveWell Debt Solutions, LLC	
(Name of Resulting Florida Limited Comp	pany)
The enclosed Certificate of Conversion, Articles of Organization, and "Other Business Entity" into a "Florida Limited Liability Company"	I fees are submitted to convert an in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:	
Gary R Colby	
(Contact Person)	
LiveWell Debt Solutions, LLC	
(Firm/Company)	
5030 Champion Blvd G-4 Suite 414	
(Address)	
Boca Raton, Fl 33496-2478	
(City, State and Zip Code)	
E-mail address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:	
Gary R Colby at (561) 866-1	949
(Name of Contact Person) (Area Code and Daytin	e Telephone Number)
Enclosed is a check for the following amount:	
	85.00 Filing Fees, rtified Copy, and rtificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADD Registration Sect Division of Corp Division of Corp Tallahassee, FL Tallahassee, FL	ion orations

RECEIVED

11 MAY -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2011

GARY R COLBY 5030 CHAMPION BLVD G-4 - STE 414 BOCA RATON, FL 33496-2478

SUBJECT: LIVEWELL DEBT SOLUTIONS, LLC

Ref. Number: W11000009115

We have received your document for LIVEWELL DEBT 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):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 611A00003936



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 Certifi	cate of	<u>D</u>
Conversion is:	=======================================	VISI
LiveWell Debt Solutions, LLC (Enter Name of Other Business Entity)	*	CRE
(Enter Name of Other Business Entity)	11 MAY -2	
2. The "Other Business Entity" is a LLC		_ <u>C</u> R
(Enter entity type. Example: corporation, limited partnership,	2	- Xg-⊊
general partnership, common law or business trust, etc.)	79	95
first organized, formed or incorporated under the laws of Pennsylvania	80 :5 H4	TARY OF STATEONS
(Enter state, or if a non-U.S. entity, the name of the country)	_	S
•		
on <u>10/3/2007</u>		
(Enter date "Other Business Entity" was first organized, formed or incorporate	orated)	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country und which it is now organized, formed or incorporated:	der the laws	of
<u>Florida</u> .		
4. The name of the Florida Limited Liability Company as set forth in the attached Artic Organization:	les of	
LiveWell Debt Solutions, LLC		
(Enter Name of Florida Limited Liability Company)		
(2000, 1,000, 200, 200, 200, 200, 200, 20		
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 of filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective datached Articles of Organization, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entit conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting	ty and the g the conve	rsion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signature of Member or Authorized Representative of Limited Liability Company: Individual signing affirms that the facts stated in this document are true. Any false inforconstitutes a third degree felony as provided for in s.817.155, P.S. Signature of Member or Authorized Representative: Printed Name: Gary R Colby Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the this document are true. Any false information constitutes a third degree felony as provided s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: Signature: Printed Name: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partnership or Limited Liability Partnership: Signature of one General Partnership or Limited Liability Partnership:	
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If Florida General Partnership or Limited Liability Partnership:	
Signature of one General Partner.	
T-0	
If Florida Limited Partnership or Limited Liability Limited Partnership:	
Signatures of ALL General Partners.	
	—
All others:	DIVIS 11
Signature of an authorized person.	

\$30.00 (Optional)

\$25.00

\$125.00

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LiveWell Debt Solutions, LLC Must end with the words "Limited Liability Company, the abbrevious company in the abbrevious	ation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
503OChampion Blvd.,G-4	5030Champion Blvd., G-4
Suite 414 Boca Raton, Fl 33496-2478	Suito 414 Boca Raton, Fl 33496-2478
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) The name and the Florida street address of the reg Gary R Colby	d Agent. You must designate an individual or another istered agent are:
	Name
700 SW Z7 Av Florida street address (F	P.O. Box <u>NOT</u> acceptable)
Royalon Beach, FL ?	33435 tate, 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR/MGRM_	Gary R Colby 700 Sw 27th Am Boynton Beach. FL 33435
(Use attachment if necessary)	
(The effective date: 1) cannot be prio	than the date of filing:(OPTIONAL) or to nor more than 90 days after the date this document is filed both 2) must be the same as the effective date listed in the attache ive date listed therein.)
REQUIRED SIGNATURE:	an authorized representative of a member.
), Florida Statutes, the execution of this document constitutes an affirmation under

the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gary R Colby

Typed or printed name of signee

Page 2 of 2