

L14000095114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

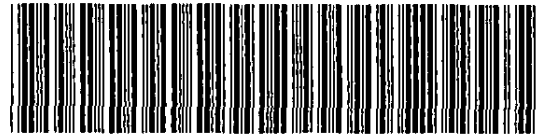
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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06/10/14--01005--014 \*\*150.00

*hm-36222*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 13 PM 4:35

FILED

DEPARTMENT OF CONSUMER PROTECTION

14 JUN 10 AM 11:29

RECEIVED

T. Bureh JUN 13





1000 Ponce de Leon Blvd. Suite: 105  
 Coral Gables, FL 33134  
 Phone: 305-444-4994  
 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Guardian Legal Finance Services, LLC  
 (CORPORATE NAME) (DOCUMENT #)
2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)
3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

Walk-In    
  Pick up time: \_\_\_\_\_    
  Certified Copy    
 Certificate Of Status

| New Filings                         |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | Profit                              |
| <input type="checkbox"/>            | Non-Profit                          |
| <input type="checkbox"/>            | Limited Liability                   |
| <input checked="" type="checkbox"/> | Other: <u>Article of Conversion</u> |

| Amendments               |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments             |
| <input type="checkbox"/> | Resignation            |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other:                 |

| Other Filings            |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report   |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille:      |
| <input type="checkbox"/> | Other: _____    |

Examiners Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2014

EXPRESS

SUBJECT: GUARDIAN LEGAL FINANCE SERVICES, LLC  
Ref. Number: W14000036222

We have received your document for GUARDIAN LEGAL FINANCE SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

Please return 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) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 914A00012579

Articles of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company

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14 JUN 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles 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 ss. 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: GUARDIAN LEGAL FINANCE SERVICES, LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)  
on 5-15-12  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: GUARDIAN COLLECTION GROUP, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:   
Printed Name: MARIO FERNANDEZ Title: MGRM

Signature(s) on behalf of Other Business Entity: (See below for required signature(s).)

Signature:   
Printed Name: MARIO FERNANDEZ Title: MGRM

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

- Articles of Conversion:
- Fees for Florida Articles of Organization:
- Certified Copy:
- Certificate of Status:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GUARDIAN COLLECTION GROUP, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1031 IVES DAIRY ROAD STE: 228  
MIAMI, FL 33179

**Mailing Address:**

1031 IVES DAIRY ROAD STE: 228  
MIAMI, FL 33179

**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:

MARIO FERNANDEZ

Name

1031 IVES DAIRY ROAD STE 228

Florida street address (P.O. Box NOT acceptable)

MIAMI

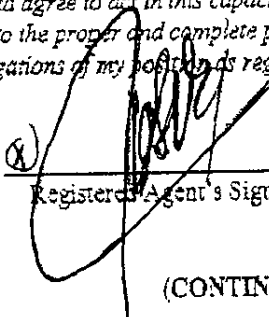
City

FL 33179

Zip

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TALLAHASSEE, FLORIDA

*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 603, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

MARIO FERNANDEZ

1031 IVES DAIRY ROAD STE 228

MIAMI, FL 33179

\_\_\_\_\_  
\_\_\_\_\_  
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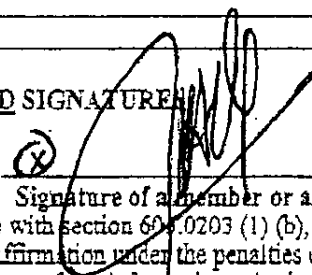
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 607.0203 (1) (b), 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.)

MARIO FERNANDEZ

Typed or printed name of signee