

L14000145340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

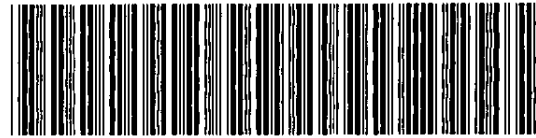
(Business Entity Name)

(Document Number)

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Office Use Only



000263701970

RECEIVED  
STATE OF FLORIDA  
2014 SEP 15 PM 2:51  
TO: JUDGE  
STAFFORD

FILED  
14 SEP 15 PM 2:25  
STATE  
TALLAHASSEE, FLORIDA

SEP 17 2014

T. BROWN

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 9/16/14

**NAME:** NATIONAL MORTGAGE STAFFING LLC

**TYPE OF FILING:** CONVERSION

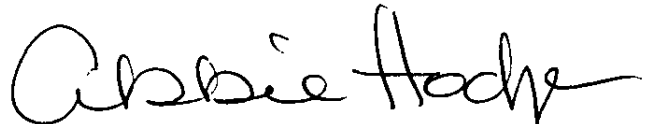
**COST:** 150.00

**RETURN:** ~~CERTIFIED COPY PLEASE~~

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: NATIONAL MORTGAGE STAFFING LLC  
Ref. Number: M1400003360

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
2014 SEP 16 AM 4:43  
TO: ASST. SEC. OF FILING  
OFFICE OF FILING

We have received your document for NATIONAL MORTGAGE STAFFING LLC and the authorization to debit your account in the amount of \$150.00. However, the document has not been filed and is being returned for the following:

Sections 607.1113, 605.0203, 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 an authorized representative. 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 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00019761

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

**FILED**  
14 SEP 15 PM 2:25  
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 s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
NATIONAL MORTGAGE STAFFING LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW JERSEY  
on JANUARY 25, 2010 (Enter state, or if a non-U.S. entity, the name of the country)  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
NATIONAL MORTGAGE STAFFING 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 all applicable statutes.

Signed this 10 day of SEPTEMBER 2014.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: ANGELA GLEASON

Title: AMBR

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

Signature: \_\_\_\_\_

Printed Name: ANGELA GLEASON

Title: MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

# **ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I      NAME**

The name of the Limited Liability Company is:

NATIONAL MORTGAGE STAFFING LLC

## **ARTICLE II      ADDRESS**

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

11595 KELLY ROAD, STE 206

FORT MYERS, FLORIDA 33908

## **ARTICLE III      PURPOSE**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV      REGISTERED AGENT**

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

ANGELA GLEASON

11595 KELLY ROAD, STE 206

FORT MYERS, FLORIDA 33908

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 605, F.S..

X  \_\_\_\_\_  
ANGELA GLEASON / Registered Agent's signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.

**ARTICLE V**

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

AUTHORIZED MEMBER

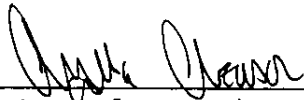
ANGELA GLEASON

11595 KELLY ROAD, STE 206

FORT MYERS, FLORIDA 33908

.....

X



\_\_\_\_\_  
Signature of a member or an authorized representative

(In accordance with section 605.0203 (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.)

ANGELA GLEASON