1500040a19

(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:
W15-11466 10th

Office Use Only



700269035117

02/09/15--01042--006 **150.00

2015 FEB 20 PM 4: 44

MAR 0.5 2015

) BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2015

NATALIE PREMOCK 9132 B SW 20 PLACE DAVIE, FL 33324

SUBJECT: STANDARD MORTGAGE SERVICES, LLC

Ref. Number: W15000011466

We have received your document for STANDARD MORTGAGE 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):

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.

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.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00003269

<u>...</u>

www.sunbiz.org

COVER LETTER

TO:	Registration S Division of C								
SUBJ	ECT: STAND	ARD MORTGAGE	SER'	VICES, LLC					
5020	201.	(Name o	of Res	ulting Florida	Limite	d Company)	-		
Busin	ess Entity" into	a "Florida Limited Li	abilit	y Company'		d fees are submitted to eccordance with s. 605.1		ı "Otl	ner
Please	return all corre	espondence concerning	g this	matter to:					
NAT	ALIE PREMO	CK							
		(Contact Person)							
STAI	NDARD MOR	TGAGE SERVICES,	INC	;					
		(Firm/Company)							
9132	B SW 20 PLA	ACE							
		(Address)							
DAV	IE, FL 33324								
	((City, State and Zip Code)							
NPR	EMOCK@GM								
Ê-1	nail Address: (to b	e used for future annual re	ort n	otifications)					
For fu	rther information	on concerning this ma	ter, p	olease call:					
NAT.	ALIE PREMO	CK	at (954	826	5125			
	(Name of Conta	ct Person)	a. ((Area Code)	(Day	rtime Telephone Number)			
Enclo	sed is a check f	or the following amou	nt:					2015	
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	SHASSEE K	FEB 20 PM	
Regis Divis Clifto	EET ADDRESS tration Section ion of Corporation in Building Executive Cent	ions		Registra Division P. O. Bo	ition ! n of C ox 63:	Corporations	STATE	44:4 M	in and

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity"

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

Statutes.			
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles STANDARD MORTGAGE SERVICES INC	of Conve	rsion i	ıs:
(Enter Name of Other Business Entity)			
2. The "Other Business Entity" is a CORPORATION P140 W096 719. (Enter entity type. Example: corporation, limited partnership,			
general partnership, common law or business trust, etc.)			
First organized, formed or incorporated under the laws of FLORIDA	C.1		
12/01/2014 (Enter state, or if a non-U.S. entity, the n	ame of the c	ountry)	
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Articl	es of Org	anizat	ion:
STANDARD MORTGAGE SERVICES, LLC			
(Enter Name of Florida Limited Liability Company)			
4. If not effective on the date of filing, enter the effective dat			
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the sdate listed in the attached Articles of Organization, if an effective date is listed therei	same as th		
5. The plan of conversion has been approved in accordance with all applicable statutes.		•	٠
Page 1 of 2	TALLAHAS	2015 FEB 2	Carters a
	J 33S JUAN	20 P	iner

Signed this 6TH day of FEBRUARY	20_15	
Signature of Authorized Representative of Lim	ited Liability Sompany:	
Signature of Authorized Representative: Mu Printed Name: NATALIE PREMOCK	Title: PRESIDENT	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature: Mutuipn		
Printed Name: Natall & Premock	Title: President	
Signature: Printed Name:		
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		•
Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.		e e a composito Estadore
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	EB 20 PH 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
STANDARD MORTGAGE SERVICES, LLC (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9132 B SW 20TH PLACE DAVIE, FL 33324	9132 B SW 20TH PLACE DAVIE, FL 33324
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
NATALIE PREMOCK	
Name	
9132 B SW 20TH PLACE	
Florida street address (P.O.	Box <u>NOT</u> acceptable)
DAVIE	FL 33324
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as w. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
nothin	Prince Barrer
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	
Page 1 of 2	FOR STATE OF THE S

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	NATALIE PREMOCK
WGK	9132 B SW 20TH PLACE
	DAVIE, FL 33324
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL
(Use attachment if necessary) LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	ne date of filing: (OPTIONAL
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	ne date of filing: (OPTIONAL t be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	ne date of filing: (OPTIONAL t be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	ne date of filing: (OPTIONAL t be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL t be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any.	ne date of filing: (OPTIONAL t be specific and cannot be more than five business da
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing: (OPTIONAL to be specific and cannot be more than five business date of filing to be specific and cannot be more than five business date of filing to be specific and cannot be more than five business date of filing to be specific and cannot be more than five business date of filing to be specific and cannot be more than five business date of filing to be specific and cannot be more than five business date of filing to be specific and cannot be specific a
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	ine date of filing:
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (astitutes an affirmation under the per	er or an authorized representative of a meniber. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (stitutes an affirmation under the per n aware that any false information s	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (stitutes an affirmation under the per	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true. But wided for in s.817.155, F.S.)
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (astitutes an affirmation under the permanagement of the per	er or an authorized representative of a meniber. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true. But ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (astitutes an affirmation under the per n aware that any false information statitutes a third degree felony as provinced. NATALIE PREMOC	er or an authorized representative of a meniber. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true. But ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member accordance with section 605,0203 (stitutes an affirmation under the pern aware that any false information stitutes a third degree felony as provinced. NATALIE PREMOC	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true. But wided for in s.817.155, F.S.)

Page 2 of 2

ARTICLE IV-