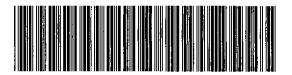
1110000025272

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100280623791



01/27/16--01029--015

**185.0i

JAN 2 7 2016

S. PRATHER



January 20, 2016

Registration Section, Division of Corporations State of Florida 2661 Executive Center Circle, Clifton Building Tallahassee, FL 32301-5020

Re:

Escrow Experts LLC, File #M10000004446 - Articles of Conversion

Articles of Domestic LLC Organization in Florida

To Whom It May Concern:

Please find enclosed the following items to effect the conversion of my existing foreign (Virginia) LLC into a Florida-domestic LLC:

FL Form INHS11 – Cover Letter
Escrow Experts check #6522 in the amount of \$185.00

<u>Articles of Conversion for File #M10000004446</u>
Proof of 2016 Annual Report for File #M10000004446
Certificate of Status for File #M1000004446

<u>Articles of Organization</u> as a Florida-domestic LLC for Escrow Experts LLC

I trust these items are complete and satisfy the underlying filing requirements to convert my existing foreign LLC into a registered Florida-domestic LLC.

Should you have any comments, questions or concerns, or find this filling somehow incomplete, I invite you to call me at 703.861.0553 or you may email me at Jeff@MyEscrowExpert.com.

Your attention in this regard is greatly appreciated.

Sincerely,

Jeffery J. Kozak

President/Owner/Principal Member

COVER LETTER

то:	Registration S Division of C					
SUB	JECT: Escrow F	Experts, LLC				
	 	(Name	of Resulting Florida	imite	d Company)	
					d fees are submitted to c ccordance with s. 605.10	
Pleas	e return all corr	espondence concernin	g this matter to:			
Jeffer	y J. Kozak					
		(Contact Person)				
Escro	w Experts, LLC					
		(Firm/Company)				
2340	NE 9th Street #108	}				
		(Address)				
Fort L	_auderdale, FL 333	304-3537				
	(1	City, State and Zip Code)	· · · ·			
jeff@	myescrowexpert.co	om				
E-	mail Address: (to b	e used for future annual re	port notifications)			
For fi	urther informati	on concerning this ma	tter, please call:			
Jeffer	y J. Kozak		at (⁷⁰³	861-0)553	
-	(Name of Conta	act Person)		(Day	time Telephone Number)	
Enclo	osed is a check t	for the following amou	int:			
(\$25 f	50.00 Filing Fees for Conversion 5 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STR	EET ADDRES	S:	MAILI	NG A	ADDRESS:	
Regis	stration Section		Registra	tion S	Section	
	ion of Corporat	ions			Corporations	
	on Building Executive Cent	on Cirolo	P. O. Bo		27 FL 32314	

INHS11 (06/15)

Tallahassee, FL 32301

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

BIVISION OF COMPORATIONS
BIVISION OF COMPORATIONS

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.

Escrow Experts, LLC	ess Entity" immediately prior to the filing of the Articles of Conversion is: MI-4446.
(E	Enter Name of Other Business Entity)
2. The "Other Business Entity" is	s a
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of Virginia
11/27/2000	(Enter state, or if a non-U.S. entity, the name of the country)
Escrow Experts, LLC	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nan	ne of Florida Limited Liability Company)
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Artic	filing, enter the effective date: oe prior to date of receipt or filed date nor more than 90 days after the ne Florida Department of State; AND 2) must be the same as the effective eles of Organization, if an effective date is listed therein.) loes not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Depart	ment of State's records.

Signed this 13th day of January 20 16	
Signature of Authorized Representative of Limited Liability Compan	<u>y:</u>
Signature of Authorized Representative: Printed Name: Jeffery J. Kozak Title: Principal Member	r/Owner/President
Signature(s) on behalf of Other Business Entity: See below for required	d signature(s)]
Signature: Printed Name: Jeffery J. Kozak Title: Principal Member	er/Owner/President
Signature: Printed Name: Title:	
Signature:	
Printed Name:Title:	
Signature: Title:	
Signature: Title:	
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 <u>ALL</u> General Partners.	<u>):</u>
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional) Certificate of Status: \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Escrow Experts, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2340 NE 9th Street #108	P. O. Box 24428
Fort Lauderdale, FL 33304-3537	Oakland Park, FL 33307
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 registration.	red Agent. You must designate an individual or another
Jeffery J. Kozak	
Name	PH 3:
2340 NE 9th Street #108	· · · · · · · · · · · · · · · ·
Florida street address (P.O.	Box NOT acceptable)
Fort Lauderdale	FL 33304-3537
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	 -
"MGR" = Manager	
MGR/AMBR/Presiden	Jeffery J. Kozak
	2340 NE 9th Street #108
	Fort Lauderdale, FL 33304-3537
	-
	27
	ب ب
	.
ffective date is listed, the date mu	the date of filing: 01/13/2016 . (OPTIONAL st be specific and cannot be more than five business
LE V: Effective date, if other than frective date is listed, the date mu days after the date of filing.)	est be specific and cannot be more than five business bet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than frective date is listed, the date muddays after the date of filing.) the date inserted in this block does not me t's effective date on the Department of Sta	est be specific and cannot be more than five business bet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than frective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me t's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false info	ber or an actionized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. permation submitted in a document to the Department of State
LE V: Effective date, if other than frective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me t's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false inforconstitutes a third degree felo	ber or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) the date inserted in this block does not me it's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in I am aware that any false inforconstitutes a third degree felouse.	ber or an actionized representative of a member. n accordance/with section 605.0203 (1) (b), Florida Statutes. ber or an action and document to the Department of State only as provided for in s.817.155, F.S.

Page 2 of 2

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