(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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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

DATE: 6/24/16

NAME:

LPS, LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

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	Enter Name of Other Business Entity)
2. The "Other Business Entity" i	limited liability company
•	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorn	orated under the laws of Virginia
00/16/2009	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or	incorporation)
o - (Ph Ph Ph i.do 1 inside	and I inhility Commany as not fouth in the attached Autiston of Ownerinstians
3. The name of the Florida Limit LPS FL, LLC	ed Liability Company as set forth in the attached Articles of Organization:
LPS FL. LLC	ne of Florida Limited Liability Company)

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. LPS FL, LLC hereby agrees to pay to the members of any limited liability company with appraisal rights the amount to which such members are entitled under Sections 605.1006 and 605.1061 through 605.1072 of the Florida Revised Limited Liability Company Act.

Page 1 of 2



Signature of Authorized Representative of Lin	nited Liability Company:		
Cincipal Charles in A.D.	1-5/1		
Signature of Authorized Representative: Printed Name: Steven E. Johnson	Title: Member		
Signature(s) on hebrif of Other Basiness Entity:	[See below for required signature(s)]	'	
Signature:			
Printed Name: Steven E. Johnson	Title: Member		
Signature:			
Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title;		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or			
If Directors or Officers have not been selected, an In	corporator must sign.		
If Florida General Partnership or Limited Liabili	ty Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	••••	
Signatures of <u>ALL</u> General Partners.		A 25	중
All others:			MUL
Signature of an authorized person.		TA IAS	N 24
Fees:		Lui(Ωi(
Articles of Conversion:	\$25.00	12 CO	Ä
Fees for Florida Articles of Organization:	\$125.00	.08 80 80	9.
Certified Copy; Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)		ω

Signed this 24th day of June 20 16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1 PO PU 11 CI	
LPS FL, LLC	ted Liability Company, "L.L.C.," or "L.LC.")
(widst eng with the words. Diffin	red Elabrity Company, T. E.C., or E.C., 7
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2563 Players Ct	2563 Players Ct
Wellington, FL 33414	Wellington, FL 33414
Capitol Corporate Service	Name
155 Office Plaza Drive, S	tuita s
	s (P.O. Box NOT acceptable)
Tallahassee	FL 32301 Zip
City	Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S A Signature (REQUIRED)
	est.

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Steven F. Johnson 2563 Players Ct Wellington, FL 33414		
(Use attachment if necessary)			
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: June 27, 2016 . (OPTIONAL e specific and cannot be more than five business date applicable statutory filing requirements, this date will not be its records.	ys pric	
REQUIRED SIGNATURE:	5 Alan Se	16 JUN 21	10 m 20 m 20 m
This document is executed in according to the I am aware that any false information that degree felony as	77) \$4. 	4 AM 9: 3:	
Steven E. Johnson, Member Type	d or printed name of signee	ယ	

Filing Fees
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2

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

ARTICLE IV-

Company: