L160000805583

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of C					
SUBJECT: SquareBr	•				
SUBJECT:	(Name	of Resulting Florida L	imited	Сотрапу)	
				fees are submitted to convert a cordance with s. 605.1045, F.S.	
Please return all corre	espondence concerning	g this matter to:			
James Andrews					
	(Contact Person)				
	(Firm/Company)				
11556 28th St Cir E	(Address)				
Parrish, FL 34219	(Address)				
•	City, State and Zip Code)				
jandrews.fl@gmail.com	- ,				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
James Andrews		at (⁹⁴¹)	773-73	95	
(Name of Conta	ect Person)	(Area Code)	(Dayti	me Telephone Number)	
Enclosed is a check t	or the following amou	int:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing F and Certified Copy	ees	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:			DDRESS:	
Registration Section	ions	Registra		ection orporations	
Division of Corporat Clifton Building	IOHS	P. O. Bo		•	
2661 Executive Cent	er Circle			L 32314	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2016

JAMES ANDREWS 11556 28TH ST CIR E PARRISH, FL 34219

SUBJECT: INTELISOLV MANAGEMENT RESOURCES, INC.

Ref. Number: W16000073497

We have received your document for INTELISOLV MANAGEMENT RESOURCES, INC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Business entities which are filing late in the current calendar yearand do not anticipate transacting business until January 1st of the upcoming calendar year may wish to adopt a January 1st effective date. By adopting a January 1st effective date your business entity's existence will not become effective until January 1st of the upcoming calendar year and its first annual report filing requirement will be delayed by one calendar year.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00023279

Articles of Conversion

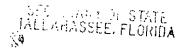
For

"Other Business Entity" Into

Florida Limited Liability Company

FILED

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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.

1. The name of the "Other Business Intelisoly Management Resources, Inc. P	Entity" immediately prior to the filing of the Articles of Conversion is: 03-98244
(Enter	Name of Other Business Entity)
2. The "Other Business Entity" is a	Corporation
(I	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of Florida
on September 9, 2003 (date of organization, formation or incor	(Enter state, or it a non-IIX entity, the name of the country)
(date of organization, formation or incor	poration)
3. The name of the Florida Limited I	Liability Company as set forth in the attached Articles of Organization:
SquareBridge Funding, LLC.	
(Enter Name of	f Florida Limited Liability Company)
(The effective date: 1) cannot be p date this document is filed by the F date listed in the attached Articles	g, enter the effective date: \sqrt{ANL} , $\sqrt{2017}$. rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; \overline{AND} 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the tof State's records.

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

Signed this 20th day of October	_ 20_16	
Signature of Authorized Representative of Limit	tod Lighility Company	FILED
		2016 NOV -7 PM 4: 55
Signature of Authorized Representative: Printed Name: James Andrews	Title: President	TALL ATTASSEE, FLORIDA
Signature(s) on behalf of Other Business Entity:	/ See below for required signature(S)
Signature: Sugar Chicken	α Λ	
Signature: Outes thouse Printed Name: Tames Aus Rens	Title: PRESIDENT	
Signature:		
Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tido	
Printed Name:		
Signature:Printed Name:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or C	Officer.	
If Directors or Officers have not been selected, an Inc		
If Florida General Partnership or Limited Liabilit	ty Partnarching	
Signature of one General Partner.	ty ratuersmp.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
Signatures of AEL Ochera Farmers.		
All others: Signature of an authorized person.		
Fees:		
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 Compan	ny is:	
SquareBridge Funding, LLC.		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited.	Liability Company is:
C		, in the second
Principal Office Address:	Mailing Address:	
11556 28th St Cir E	11556 28th St Cir E	
Parrish, FL 34219	Parrish, FL 34219	
The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of		hvidual or another
James Andrews		
1	Name	
11556 28th St Cir E		
177- 177- 177- 177- 177- 177- 177- 177-	(P.O. Box NOT acceptable)	
Parrish	FL 34219	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper and compaccept the obligations of my position of the proper and compaccept the obligations of my position of the proper and constant accept the obligations of my position of the proper and constant accept the obligations of my position of the proper accept the obligations of the proper accept the proper accept the obligations of the proper accept	ted in this certificate, I hereby accepapacity. I further agree to comply blete performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
(CON	Signature (REQUIRED) TINUED) ge 1 of 2	FILED OV - 7 PM 4: 5 NASSEE FLORE
* **	o	E Ch

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	James Andrews 11556 28th St Cir E	
	Parrish, FL 34219	
	Partish, PL 34219	
		
 		
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(Use attachment if necessary)	og d	근
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's red	specific and cannot be more than five busines applicable statutory filing requirements, this date will not	ss days prior
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	s Andrus	
Signature of a member of	r an authorized representative of a member.	
This document is executed in accor	dance with section 605.0203 (1) (b), Florida Statutes.	
I am aware that any tal <u>se informatio</u> constitutes a third degree felony as p	on submitted in a document to the Department of State	
TAMES	NOREWS or printed name of signee	
Typed	or printed name of signee	

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