# L18000051938

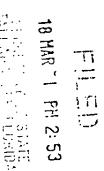
(Requé	estor's Name)	
(Addre	ess)	<del></del>
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nai	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



500305655225

11/15/17--01035--003 \*\*150.00



MAR 1 ZO18

### **COVER LETTER**

TO:	New Filing Son Division of C					
CHIDIE	CT. Claima Fu	inding Source LLC				
SUBJE	CC1;	(Name of Res	ulting Flo	rida Limite	d Com	ppany)
						d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please	return all corre	espondence concernin	g this ma	itter to:		
Hansel l	Rodriguez					
		(Contact Person)				
Claims I	Funding Source	<del>,</del>				
		(Firm/Company)				
1300 sw	122 ave # 114					
		(Address)				
Miami F	1.33184					
		City, State and Zip Code)				
	@ymail.com					
E-ma	ail Address: (to b	e used for future annual re	port notifi	cations)		
For fur	ther information	on concerning this ma	tter, plea	se call:		
Hansel F	Rodriguez		at ( <sup>786</sup>	)	47883	7.3
	(Name of Conta	et Person)	_a, ( <u> </u>	rea Code)	(Day	73 time Telephone Number)
		or the following amou a bank located in the			ocess	ed by this office must be payable in US
(\$25 for	.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status		00 Filing I tified Copy		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
New Fi Divisio Clifton	ET ADDRES: iling Section on of Corporati Building executive Cent	ions		New Fil Division P. O. Bo	ing So of C ox 632	orporations

Tallahassee, FL 32301



February 26, 2018

HANSEL RODRIGUEZ 1300 SW 122 AVE #114 MIAMI, FL 33184

SUBJECT: CLAIMS FUNDING SOURCE LLC

Ref. Number: W17000091546

We have received your document for CLAIMS FUNDING SOURCE 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):

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.

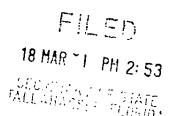
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 517A00023243

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

#### **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. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Claims Funding Source Corp
Claims Funding Source Corp (Enter Name of Other Business Entity)
2. The "Other Business Entity" is acorporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 8/21/17 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Claims Funding Source LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 11/10/17
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes

- The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 1	0 day of November	2017
Signature of	Authorized Representative of Lin	nited Liability Company:
Signature of	Authorized Representative:	Title: Director
Signature(s)	on behalf of Other Business Entity:	[See below for required signature(s)]  Title: Director
Signature:		
Printed Name	hansel Rodriguez	Title: Director
Signature:		
Printed Name	i <u> </u>	Title:
c' .		
Signature:		Title:
Printed Name		Title:
Signature:		
Printed Name	,	Title:
Timed Mane	*	
Signature:		
Printed Name	:	Title:
Signature:		
Printed Name		Title:
If Florida Co	rporation:	
	Chairman, Vice Chairman, Director, o	
If Directors o	r Officers have not been selected, an I	ncorporator must sign.
ICEL 11 C	100 4 17 17 27 27 17 18	Par Denamentin
	eneral Partnership or Limited Liabi one General Partner.	nty Partnersnip:
Signature of C	one General Partner.	
If Florida Li	mited Partnership or Limited Liabi	lity Limited Partnership:
	ALL General Partners.	,
0.8		
All others:		
	n authorized person.	
Fees:		
		P25.00
	es of Conversion;	\$25.00
	for Florida Articles of Organization:	\$125.00
	ied Copy:	\$30.00 (Optional)
Certif	icate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Comp	pany is:	
Claims Funding Source LLC		
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1300 sw 122 ave #114	1300 Sw 122 ave #114	
Miami Florida	Miami Florida	_
33184	33 184	
Description of the state of the	-internal Office & Registered Agent's Sign	sture.
The Limited Liability Company cannot serve as its o	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a	another
business entity with an active Florida registration.)		co
The name and the Florida street address	of the registered agent are:	麦加
Hansel Rodriguez	Name	S P
	Name	15. T
1300 SW 122 Ave # 11-		924 <b>5</b>
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	⊕ <b>ω</b>
Miami	FL 33184	
City	Zip	
II is a large and an unaignound orga	ent and to accept service of process for the above	ve stated limited
Having been named as registered uge	gnated in this certificate, I hereby accept the ap	pointment as
registered agent and agree to act in the	is capacity. I further agree to comply with the	provisions of all
comme estating to the moner and or	omplete performance of my duties, and I am far	miliar with and 🥏
accept the obligations of my positi	ign as registered agent as provided for in Chap	ter 605, F.S
	AX m	
Registered Age	ent's Signature (REQUIRED)	

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Hansel Rodriguez	
MGR	13300 sw 122 ave #114	
	Miami Florida 33184	
	Whathi Florida 33164	
		<del></del>
		<del></del>
(Lithe-showerst if percentage)		
(Use attachment if necessary)		
ICT DAY, Oak as associations of serve		
ICLE v: Other provisions, if any.		
ICLE V: Other provisions, if any.		
ICLE V: Other provisions, if any.		<u> </u>
CLE V: Other provisions, if any.		
		8 AR
		B MAR
REQUIRED SIGNATURE		8 MAR - P
REQUIRED SIGNATURE:		AR C PH
Signature of a member of This document is executed in accordant	or an authorized representative of a ce with section 605.0203 (1) (b), Florida State constitutes	member > or
Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.  Hansel Rodriguez.	ce with section 605.0203 (1) (b), Florida State current to the Department of State constitutes	member > or
Signature of a member of This document is executed in accordan any false information submitted in a document as provided for in s.817.155, F.S.  Hansel Rodriguez.	ce with section 605,0203 (1) (b). Florida Stat	member > or

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

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

ARTICLE IV-

Company: