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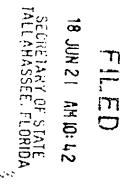
(R€	equestor's Name)	-		
(Ac	ddress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

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Division of C				
SUBJECT: ENOTIV	A LENDING SOLUTION	SLLC		
SOBJECT.	(Name of Res	sulting Florida Limit	ed Con	npany)
		_		nd fees are submitted to convert an "Othe ecordance with s. 605,1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
DEBORA BERMUDE	<u>Z</u>			
	(Contact Person)		-	
ENOTIVA LENDING	SOLUTIONS INC			
	(Firm/Company)		-	
13538 VILLAGE PAR	K DR SUITE J200A			
	(Address)		-	
ORLANDO FL 32837				
	City, State and Zip Code)		-	
QUESTIONS@ENOT	IVA.COM			
E-mail Address: (to	be used for future annual re	port notifications)	•	
For further informat	ion concerning this ma	tter, please call:		
DEBORA BERMUDE	Z	at (<u>407</u>	\810-9	9068
(Name of Cont	act Person)	(Area Code)	(Day	rtime Telephone Number)
	for the following amou a bank located in the		rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAIL	ING A	ADDRESS:
New Filing Section			New Filing Section	
Division of Corpora Clifton Building	tions	Divisio P. O. B		Corporations 27
2661 Executive Cen	ter Circle			FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ENOTIVA LENDING SOLUTIONS INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (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)
04/01/2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
ENOTIVA LENDING SOLUTIONS LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (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.
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.
SECRETALLIAHAS

Signed this <u>15</u>	day of JUNE	20_ <u>18</u>	
Signature of Auth	norized Representative of	of Limited Liability Company:	
Signature of Autho Printed Name: DEBO	orized Representative: ORA BERMUDEZ	Tille: BROKER OWNER	
Signaturo(s) on bo	half of Other Rusiness F	ntity: See below for required signature(s)
Signature: Printed Name: DEBO	ORA BERNUDEZ	Title: BROKER OWNER	
Signature: Printed Name:		Title:	
		Title:	
If Florida Corpora Signature of Chairn	<mark>ation:</mark> nan, Vice Chairman, Direc		
	Partnership or Limited	, ,	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others: Signature of an autl	horized person.		
Fees:			; f

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

TILED

18 JUN 21 AM 10: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	F	1.	- Na	me:

The name of the Limited Liability Company is:

ENOTIVA LENDING SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13538 VILLAGE PARK DR	13538 VILLAGE PARK DR
SUITÉ J200A	SUITE J200A
ORLANDO EL 32837	ORLANDO EL 32837

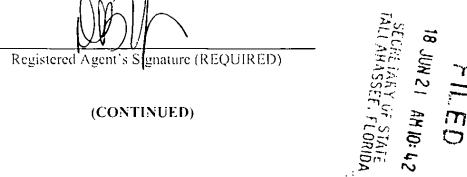
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DEBORA BERMUDEZ		
, N	Name	
13538 VILLAGE PARK D	R SUITE 200	
Florida street address (P.O. Box NOT acceptable)		
ORLANDO	FL 32837	
City	Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



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Λ	к	1	ı	t.	ادا	٠.	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	DEBORA BERMUDEZ
MOR	13538 VILLAGE PARK DR SUITE 200
	ORLANDO FL 32837
	
	_
	AHASS
(Use attachment if necessary)	SSE - F
ADTICLE V. Od	Fig. 5
ARTICLE V: Other provisions, if any.	ORIDE 2
	—————————————————————————————————————

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DEBORA BERMUDEZ

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)