L19000247233

(Requestor's Name)
(Address)
(**************************************
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2.3
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to ming Onicer.

Office Use Only



500334351945

19 SEP 25 AM 4: 43

D O'KEEFE OCT 1 4 2019

COVER LETTER

Division of Co			
SUBJECT: My M	fortgage Corp		
· · · · · · · · · · · · · · · · · · ·		sulting Florida Limited C	Company)
		•	and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	spondence concernin	g this matter to:	
Alvin Hagerich			
Alvin L Hagerich, C	(Contact Person) PA		
	(Firm/Company)		
14851 State Road 52	2 Unit 107-212		
Hudson, FL 34669	(Address)		
(C	ity, State and Zip Code)		
briskv@gmail.com			
E-mail Address: (to be	used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Alvin Hagerich		at (954)473	3-9212
(Name of Contac	et Person)		Daytime Telephone Number)
Enclosed is a check for dollars and drawn on			essed 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 Fees and Certified Copy	S
STREET ADDRESS New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	New Filing Division of P. O. Box 6	Corporations

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:

My Mortgage Corp
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Florida Profit 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)
on June 27, 2019
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: My Mortgage, 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

Signed this 23 day of September	_ 20_ 19				
Signature of Authorized Representative of Limi	ted Liability Company:				
Signature of Authorized Representative: Printed Name: Vera Brisk	Title: Member	_			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)				
Signature: /// Printed Name: Vera Brisk	Title: President	_			
Signature: Printed Name:	Title:	-			
Signature:Printed Name:	Title:	_			
Signature:Printed Name:	Title:	- -			
Signature:Printed Name:	_ Title:	- -			
Signature:Printed Name:	Title:	_			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.					
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.		3+	19		
All others: Signature of an authorized person.			SEP 2	"i)	4.
Fees:		121 E11	ال <u>ج</u>	; ; ;	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	ALL ADASSED FURBUA	1 4: 43		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
My Mortgage, LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:
10841 Edinburgh Street	10841 Edinburgh Street
Cooper City, FL 33026	Cooper City, FL 33026
Vera Brisk	

Vera Brisk	
Na	ime
10841 Edinburgh Street	
Florida street address (P	O. Box NOT acceptable)
Cooper City	FL 33026
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Vera Brisk			
				-
	10841Edinburgh Street			-
	Cooper City, FL 33026			_
				-
				-
				-
				-
				_
				_
			· ·	
				•
				-
		<u>:</u> •		-
		:	10	
(Use attachment if necessary)		2.5	(Z)	
(Ose attachment if necessary)		<u> </u>	כד	•
		6.5	55	
ICLE V: Other provisions, if any.		ς; ·	0.	٠
TCDE V. Other provisions, it any.		÷.,		·
				
_ -		<u> </u>	÷.	
		Ð	£	
	· · · · · · · · · · · · · · · · · · ·	1:-		

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.

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)