P758P000001

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
<u> </u>

Office Use Only

K. PAGE APR 0 9 2020



700342484387

03/30/20--01019--011 **150.00

2020 APR -8 AM 9: 18
SEVERNAME PROPRIE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

CALEB WILEY PO 398963 MIAMI, FL 33239

SUBJECT: ONE STOP FUNDING SOLUTIONS LLC

Ref. Number: W20000034718

We have received your document for ONE STOP FUNDING SOLUTIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 120A00007226

www.sunbiz.org

the of Control of the Control of the

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: One Stop	•			
SUBJECT:	(Name of Res	ulting Florida Limi	ted Con	npany)
		-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Caleb Wiley				
	(Contact Person)		=	
One Stop Funding Soluti	ons LLC			
	(Firm/Company)		-	
PO 398963				
	(Address)		-	
Miami, Florida 33239				
	City, State and Zip Code)		-	
info@onestopfundingsho	pp.com			
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further informati	on concerning this ma	tter inlease calls		
	on concerning and ma	•	000	2022
Caleb Wiley		_at (678) 802-6	
(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)
	for the following amou a bank located in the		roces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S	ection		New	t Address: Filing Section
Division of C P.O. Box 632				ion of Corporations Centre of Tallahassee
1.0.008.032			THE	Jenue of Tallallassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:
One Stop Funding Solutions LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company
(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)
11/10/2015 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
One Stop Funding 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.
2020 APR -8 SECHLINES TALLAHA

Signed this 26th day of March	20_20			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Caleb Wiley	Verified by PDFfiller 1 03/23/2020 Title: Manager	-		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Caleb Wiley Venfled by PDFfliter 1 03/25/2020 Printed Name: Caleb Wiley	Title: Manager	. -		
Signature: Printed Name:	Title:	<i>-</i>		
Signature:Printed Name:				
Signature:				
Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- -		
Signature: Printed Name:	_ Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Vice Chair	Officer.			
If Directors or Officers have not been selected, an Inc	·			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
All others: Signature of a vertical by PDFfiller 1. Color Wiley - 01/25/2020 Fees:		SECTATION SECTION OF THE SECTION OF	2020 APR -8	T
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		AM 9: 18	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - The name of th			
	Name: le Limited Liability Compan	nv is:	
	e isimired miching company	,, 101	
One Stop Funding	a Solutions LLC		
·		liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	. Address:		
		he principal office of the Limited	Liability Company is:
Principal Offi	aa Addrace	Mailing Address:	
i incipai Oni	ce Address.	Maning Address.	
1688 Meridian Av	re	PO 398963	
Suite 600	-:	Minus Ponets Elected 20000	
Miami Beach, Flo	nda 33139	Miami Beach, Florida 33239	
The Limited Liabil business entity wit		tered Office, & Registered Age Registered Agent. You must designate an in the registered agent are:	
	Registered Agents Inc	Name	
	'		
	7901 4th St N, STE 300		
		(P.O. Box NOT acceptable)	
	riorida street address		
	St Petersburg	FL ³³⁷⁰²	
		FL ³³⁷⁰² Zip	

Δ	IJ	T	1	_	Ļ.	1	v	_

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Catala Maria
Manager	Caleb Wiley PO 398963
	Miami Beach, Florida 33239
	Mianii Beach, i Ionda 33239
AMBR	CJW Enterprises INC
	3330 Cumberland Blvd
	Atlanta, Georgia 30339
	·
	<u> </u>
	SEG (C)
(I la conta de la contacta de la constacta de la contacta de la co	AS:
(Use attachment if necessary)	[m
	SSEE, FL
LE V: Other provisions, if any.	·
	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Venfied by PDFfiller 1
REQUIRED SIGNATURE:	Venfied by PDFfiller 04/09/2020
REQUIRED SIGNATURE:	Venfied by PDFfiller 04/09/2020
Caleo Wiley Signature of a member or	an authorized representative of a member
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware t
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Caleb Wiley	

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