L2/000005/6

(R∈	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
·		·
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Dr	cument Number	<u> </u>
(0.0		,
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

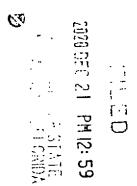
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T. SCOTT



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12/21/20--01031--021 **185.00





COVER LETTER 1

TO: New Filing Section Division of Corporations	
SUBJECT: Fernandez Finance LLC	
(Name of Resulting Florida L	imited Company)
The enclosed Articles of Conversion, Articles of Organiz Business Entity" into a "Florida Limited Liability Comp	
Please return all correspondence concerning this matter t	0:
Ruben Fernandez	
(Contact Person)	<u> </u>
Fernandez Finance LLC	
(Firm/Company)	
1661 Silverado Dr	
(Address)	<u> </u>
Rockledge, FL 32955	
(City, State and Zip Code)	
ruben@fernandezfinance.com	
E-mail Address: (to be used for future annual report notification	<u>s)</u>
For further information concerning this matter, please ca	И:
Ruben Fernandez at (706	\418 - 1777
(Name of Contact Person) (Area Co	ode) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All check dollars and drawn on a bank located in the United States	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$150.00 Filing Fees and Certificate of and Certified Status	
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnersh	ip, common law or business trust, etc.
First organized, formed or incorporated under the laws of the state of Georgia	
(Enter state, or if a non-U.S.	entity, the name of the country)
July 16 2019 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attac	hed Articles of Organization:
Fernandez Finance 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 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 requirement document's effective date on the Department of State's records.	re than 90 calendar days after
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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F	

Signed this <u>16</u>	day of December	20 _zo
	horized Representative of Limi	
	7	- Employ
Signature of Auth	orized Representative:	en wong
Printed Name: Rub	orized Representative: Zub en Fernandez	Title: Organizer
Signature(s) on be	chalf of Other Business Entity:	[See below for required signature(s)]
Signature:	ubenfernandez	Title: Organizer
Printed Name: Rub	en Fernandez	Title: Organizer
Signature:		
Printed Name:		Title:
Simpture:		
Orgnatuic Printed Name:		Title:
r mited i vane		
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		ritie:
Signature:		
Printed Name:		Title:
If Florida Corpor		2.00
0	man, Vice Chairman, Director, or	
If Directors or Off	icers have not been selected, an In	corporator must sign.
If Florida Genera	d Partnership or Limited Liabili	ty Partnershin:
Signature of one C		<u> </u>
V		
<u>If Florida Limited</u>	<u>d Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u>	<u>.</u> General Partners.	
All othores		
All others: Signature of an au	thorized nerson	
Signature of an au	morrzed person.	
<u>Fees:</u>		
Articles of	Conversion:	\$25.00
	lorida Articles of Organization:	\$125.00
Certified (\$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 (Company is:	
Fernandez Finance LLC		
(Must contain the words "	'Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street addr	ess of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
1661 Silverado Dr	1661 Silverado Dr	
Rockledge, FL 32955	Rockledge, FL 32955	
		
	, Registered Office, & Registered Agas its own Registered Agent. You must designate a tion.)	
The name and the Florida street add	fress of the registered agent are:	
Ruben Fernande	Z	
	Name	
1661 Silverado D)r	
Florida street a	address (P.O. Box <u>NOT</u> acceptable)	
Rockledge	FL 32955	
(City Zip	
liability company at the place of registered agent and agree to act is statutes relating to the proper an accept the obligations of my pe	l agent and to accept service of process designated in this certificate, I hereby a in this capacity. I further agree to complete performance of my duties, osition as registered agent as provided. Suberfemondey Agent's Signature (REQUIRED)	eccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

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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	
AMBŘ	Ruben Fernandez
	1661 Silverado Dr
	Rockledge, FL 32955
	
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(Use attachment if necessary)	
(Ose attachment if necessary)	
nar na con	
FICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
Pl. Farm	" lea /
REQUIRED SIGNATURE: Lubent esna	newy

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.

Ruben Fernandez

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)