L3300258552

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
M230006768Z

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2023

CARA MANTER 577 NODDING SHADE DRIVE BROOKSVILLE, FL 34604

SUBJECT: MCL FUNDING LLC Ref. Number: W23000067682

We have received your document for MCL FUNDING 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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: 023A00010622

ARCEDRA JOHNSON Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT:	•	L FUNDING L	LC	
		sulting Florida Limited C	ompany)	_
	les of Conversion, Artic to a "Florida Limited L			
Please return all co	rrespondence concernin	g this matter to:		
	Some MANTE	ER		
	(Contact Person) LywllwG LLC	<u> </u>		
577 No	(Firm/Company) add ING ShADe	DRIVE		
Bucks	My H 346			23 APK 21 SECRETARAS
2 0	(City, State and Zip Code)	4		
	MCL Funding. CI			, C
E-mail Address: (to	be used for future annual re	eport notifications)		PR 12: 22 PR 12: 22 PR 12: 22
	ition concerning this ma			2: 2
Can	Mantu	at (8/3) J	309 5626	F 100
(Name of Co	ntact Person)	(Area Code) (D	aytime Telephone Number)	
	k for the following amount to a bank located in the		essed by this office mus	t be payable in US
\$150.00 Filing Fee: (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad New Filing Division of		Nev	eet Address: v Filing Section ision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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:
Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Linited Living Coloradion, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 4/12/2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Corganization: ML Juning 21C
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 4/19/223
(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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	L FUNDING L.L.C	
(Must contain the words "Limi	ted 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:	
597 Nolling Share Drive	577 Nodling Shape Denis	
15/65/KUII//JOH 14/64	17/24/5YUL - 24' 34A4	
13401 JAN 3401		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an individual or another	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another s of the registered agent are:	marker,
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another s of the registered agent are:	<u> </u>
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	s of the registered agent are: Name Name	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	s of the registered agent are: A Manta Name Shape Dever	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	s of the registered agent are: A Man La Name Name Dewe	

Registered Agent's Signature (REQUIRED)

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.

(CONTINUED)

ARTICLE IV-

and the transfer of the state of

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Cara Mantu 597 Nidding Shan IR Engelswille 31 3441
(Use attachment if necessary)	SECRETA ALLAHAS
CLE V: Other provisions, if any.	KSSE E
REQUIRED SIGNATURE:	
This document is executed in accordance any false information submitted in a docur	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	a Mantu
Ту	ped or printed name of signee
6135 00 PH P 6 A 4 1	Filing Fees of Organization and Designation of Registered Age

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