L24000476587

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer.	

Office Use Only



700439039817

2024 NOV -6 PM 4: 55

TI TI

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.

(Enter Name of Other Business Entity)	·
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, con	imon law or business trust, etc.
First organized, formed or incorporated under the laws of	the name of the country)
10/13/2022 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	rticles of Organization:
REGAL MORTGAGE AND LENDING, 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 tha 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 document's effective date on the Department of State's records.	
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

Signed this 29 day of OCTOBER	2024			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: LUIS EUGENIO DAVILA	Title: AUTHORIZED REPRESENTATIV	<u>.</u>		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]			
Signature: Duri Jaii Signature: Printed Name: LUIS EUGENIO DAVILA	Title: PRESIDENT	-		
		•		
Signature: Printed Name:	Title:	-		
Signature:	ar i	-		
Printed Name:				
Signature: Printed Name:	Title:	- -		
Signature:Printed Name:		-		
Printed Name:	Title:	-		
Signature:Printed Name:	Title:	- -		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.				
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	<u>,,</u>		
All others: Signature of an authorized person.			2024 NOV	••- :
<u>Fees:</u>		COT COT COT	9-	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	TLC?	PH 4: 55	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
REGAL MORTGAGE AND LENDING, LLC		
(Must contain the words "Limited Li	lability Company, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
1500 NW 89TH CT	1500 NW 89TH CT	
STE 106	STE 106	
DORAL, FL 33172	DORAL, FL 33172	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an ind	
The name and the Florida street address of t	the registered agent are:	
REGAL TAX & BUSINES	S SOLUTIONS	
1/	lame	
1500 NW 89TH CT STE 1	106	
Florida street address ((P.O. Box NOT acceptable)	
DORAL	FL ³³¹⁷²	
City	Zip	
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby accep apacity. I further agree to comply v lete performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and
	TINUED)	ETUSS/ PM 4: 55

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	
MGRM	REGAL ENTERPRISE INC
	1500 NW 89TH CT SUITE 106
	DORAL, FL 33172
	301712
(Use attachment if necessary)	
(Ose actuentient it necessary)	
m.c	
TICLE V: Other provisions, if any.	
- 4	
DEMINDEN SIGNATUDE.	
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 docu-	ment to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S. (
\1	
Ty	ped 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)