

PII 000097736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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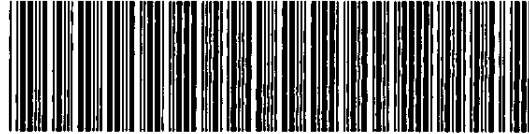
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMART FINANCIAL SERVICES AND ADVISORY INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JEROME MCLEAN

Contact Person

SMART FINANCIAL SERVICES

Firm/Company

4300 N. UNIVERSITY DRIVE, SUITE D-206

Address

LAUDERHILL, FL 33351

City, State and Zip Code

jerome@sfsfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROME MCLEAN

Name of Contact Person

at ( 954 ) 636-4924

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees  
and Certificate of  
Status

☒ \$113.75 Filing Fees  
and Certified Copy

☒ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SMART FUNDING LLC

LC4-28800

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 15, 2004

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

SMART FINANCIAL SERVICES AND ADVISORY INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 7TH day of NOVEMBER, 20 11.

**Required Signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator. [Signature]

Printed Name: JEROME MCLEAN Title: CHAIRMAN

**Required Signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: [Signature]  
Printed Name: JEROME MCLEAN Title: MGRM

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be: **SMART FINANCIAL SERVICES AND ADVISORY INC**

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO SELL FINANCIAL SERVICES PRODUCTS & ADVICE, AND ANY OTHER BUSINESS PERMISSIBLE UNDER FLORIDA LAW.**

### ARTICLE IV SHARES

The number of shares of stock is: **10,000**

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEROME MCLEAN- CHAIRMAN  
Address: 4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Name and Title: NINA MCANUFF- DIRECTOR  
Address: 4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Name and Title: PATRICK CREARY- DIRECTOR  
Address: 4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Name and Title: RHONDA LEWIS- DIRECTOR  
Address: 4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Name and Title: JACQUELINE MULLINGS- DIRECTOR  
Address: 4300 N. UNIVERSITY DRIVE  
SUITE D-206  
LAUDERHILL, FL 33351

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JEROME MCLEAN  
Address: 6436 NW 53 STREET  
LAUDERHILL FL 33319

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEROME MCLEAN  
Address: 6436 NW 53 STREET  
LAUDERHILL, FL 33319

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11-07-2011

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature/Incorporator

11-07-2011

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JEROME MCLEAN