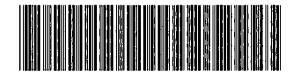
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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, SECRETARY OF STATE: FALL AHASSEE, ELORIDA

J. SAULSBERRY EXAMINER

MAR _ 6 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Independent Finance and Insurance Corporation 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:
Tade Behan Contact Person
Independent Finance and Insurance Corporation Firm/Company 4401 N. Federal Highway, Suite 203
A J.1 7. (PT) (S)
Boca Raton, FL 33431 City, State and Zip Code
jade @ independent fandi. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tade Behay at (561) 368-5515 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy Status \$113.75 Filing Fees and Certified Copy 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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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: <u>Independent Auto Finance LLC</u> Enter Name of Other Business Entity
L11000 30-
Independent Auto Finance LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership) general partnership, common law or business trust, etc.)
(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)
tirst organized, formed or incorporated under the laws of FIOCLOID
(Enter state, or if a non-old, the name of the country)
on O7/01/2011 Enter date "Other Business Entity" was first organized, formed or incorporated.
Enter date "Other Business Entity" was first organized, formed or incorporate to the state of th
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 <u>attached Articles of Incorporation:</u>
Independent Finance and Insurance Corporation
Independent Finance and Insurance Corporation Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: date of filing.
(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; <u>AND</u> 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

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the

conversion.

currently organized, formed or incorporated.

Signed this 29 day of Februar	<u>/</u>			
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, I	is document are true. Any false inforr	nation	consti	tutes
Signature of Chairman, Vice Chairman, Director, C selected, an Incorporator: Michael Poloskey Title:	Officer, or, if Directors or Officers have show that man	ve not	been	
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]	tion constitutes a third degree felony a	as prov		
Signature: Michael Poloskey Printed Name: Michael Poloskey	Title: Managing Partne	<u>-</u>		
Signature:Printed Name:	Title:	 _{::-4}		
Signature:Printed Name:		SECRET	2012 MAR	-11
Signature:Printed Name:	_ Title:	ARY OF SSFE.F	-2 AH	
Signature: Printed Name: Signature: Printed Name:	Title:	STATE LONIDA	1 8: 42	O
Signature:Printed Name:				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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: Independent F	finance and Insurance Corporati	σ	
Principal OFFICE Principal street address 4401 N. Federal Highway Swite 203 Boca Raton, FL 33431	Mailing address, if different is:		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
Insurance sales and Automobi	ile loans.		
ARTICLE IV SHARES The number of shares of stock is: 1 Million	FIL 2012 MAR -2 SECRETARY TALL AHASSE		
Name and Title: Rob Bobyack - President Address:	Name and Title:		
Name and Title: Address:	Address:		
Name and Title:Address:	Name and Title: Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 4401 N. Federal Highway Boca Raton, FL 33431	<u> </u>		
	_		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Michael Poloskey H401 N. Federal Highw Boca Raton, FL 3347	Zey, Suite 203		
Having been named as registered agent to accept service of procesthis certificate, I am familiar with and accept the appointment as re			
Required Signature/Registered Agent	2/24/2012 Date		
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor			
Michael Poloskey Required Signature/Incorporator	2/29/10/7 Date		