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(R	lequestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	<b></b> WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN MAY - 3 2017

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## LAZARUS CORPORATE FILING SERVICE

3320 **5W 87<sup>TH</sup> AVENUE** 

MIAMI, FL 33165 (308) 552-5973

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		Office Use Only
ORATION NAME(S)	a DOCUMENT NUMBER(S), (II terron):	Conversion Florida LLC
	in the titute of	Floring 115
- I_VI/4/iC	(Corporation Name)	(Document a)
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	□ Will wait □ Photocopy	Certificate of Status



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SEGMETARY OF STATE TALLAHASSEE, FLORIDA

April 28, 2017

LAZARUS CORPORATE FILING SERVICE

SUBJECT: FLORIDA ACADEMY OF REAL ESTATE, INC.

Ref. Number: W17000036613



We have received your document for FLORIDA ACADEMY OF REAL ESTATE, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "LC.," and "Co."

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 217A00008343

Certificate of Conversion
For
"Other Business Entity"
lato
Florida Profit Corporation

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SECRETARY OF CHIEF.
This Certificate of Conversion and attached Articles of Incorporation are submitted to conversion and attached Articles of Incorporation are submitted to conversion in accordance with s. 607.1115, Florida Statutes.

1. The name of the Triner Busines	ss Entity" inunediately pr	ior to the filing	of this Certificate of Conversion is:
Financial I	Institute	0+	Florida, LLC
	Enter Name of O	ther Business E	2ntity L0400001054
general pa	rinership, common law or	r business trust	, etc.)
first organized, formed or incorpor	ated under the laws ofter state, or if a non-U.S.	FIOY entity, the nam	ida re of the country)
on JANUAR' Enter date "C	Other Business Entity" wa	2005 a first organize	d, formed or incorporated
3. If the jurisdiction of the "Other organized, formed or incorporated:		inged, the state	or country under the laws of which it is now
4. The name of the Florida Profit (	Orporation as set forth in	the <u>attached</u>	Articles of Incorporation:
Finorcial T	<i>institute</i>	<u>~</u> € 7	Florida Inc.
Financial 3	Enter Name of Flor	ida Profit Con	poration

Signed this 29 day of MARCH	, 20	·
Required Signature for Florida Profit Corporation:		
Signature of Chauman, Vice Chairman, Director, Offic Incorporator:  Printed Name: IRWING & ZAMON Title: Pre-	er, or, if Directors or Officers ha	ve not been selected, an
Required Signature(s) on behalf of Other Business I	<del></del>	signature(s).]
Signature:		
Printed Name TRUNG R. ZAMORA	Title:	MANGER
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		<del></del>
Printed Name:	Title:	*
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.  If Florida Limited Partnership or Limited Liability		
Signatures of ALL General Partners.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		7
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) Page 2 of 2	FILED 2017 MAY -3 PM 2: 50 SECKATARY OF STATE ALL/ABASSEE, FLORIDA

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

·	\ \tag{\frac{1}{2}} \tag{\frac{1}{2}}
ARTICLE! NAME The name of the corporation shall be: FINANCIC	I Institute of Florida The 3
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
7990 Principal street address SUITE 114	Po Box 832479 Miami FL 33283
Miami FL 3318	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  REG\ ES+G+C	& Mortgage
Brokers school	<u> </u>
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR D	
Name and Title Trving R. Zamoro	
Address: 10441 SW 127 C	
Name and Title: Rina E. Zamoro	
Address: 10441 SW 127 C	<u> </u>
Miami FL 33	2/86
Name and Title:	Name and Title:
Address:	Address:

Name: Irving R-Zamora
Address: 10441 Sw 127 CT.
Miami FL 33/83
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Name: Irving R 2amora
Address: 1041 Sw 127 CT.  Migmi FL 33183
Migmi FL 33183
***********************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lamfamiliar with and accept the appointment as registered agent and agree to act in this capacity
this certificate, Lamfamiliar with and accept the appointment as registered agent and agree to act in this capacity
this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity  3 29 17
this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity  Regulted Signature/Registered Agent  Date
this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity  3 29 17  Regarded Signerus/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a

ARTICLE VI REGISTERED AGENT

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