

P19000093589

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 22 PM 3:13

**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:  
SOUTH FLORIDA FUNDING GROUP LLC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company LI8-000260912  
(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 11/08/2018  
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**:  
SOUTH FLORIDA FUNDING GROUP 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.**)

**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.

Signed this 11TH day of NOVEMBER, 2019.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Drew Cashmere

Printed Name: Drew Cashmere Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: 

Printed Name: Drew Cashmere Title: AMBR

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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**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: SOUTH FLORIDA FUNDING GROUP INC.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

3815 Oak Ridge Cir

Weston, FL 33331

Mailing address, if different is:

3815 Oak Ridge Cir

Weston, FL 33331

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

commercial business loan broker

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**ARTICLE IV    SHARES**

The number of shares of stock is: 500

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Drew Cashmere, President

Address: 3815 OAK RIDGE CIR

WESTON, FL 33331

Name and Title: Drew Cashmere, Treasurer

Address: 3815 OAK RIDGE CIR

WESTON, FL 33331

Name and Title: Drew Cashmere, Secretary

Address: 3815 OAK RIDGE CIR

WESTON, FL 33331

Name and Title: Karen Cashmere, Director

Address: 3815 OAK RIDGE CIR

WESTON, FL 33331

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

Address: \_\_\_\_\_

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: Drew Cashmere  
Address: 3815 Oak Ridge Cir  
Weston, FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Drew Cashmere  
Address: 3815 Oak Ridge Cir  
Weston, FL 33331


\*\*\*\*\*

*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

11/19/19  
\_\_\_\_\_  
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

11/19/19  
\_\_\_\_\_  
Date