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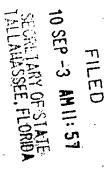
(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , , , , , , , , , , , , , , , , , ,					
(Document Number)					
Certified Copies Certificates of Status					
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<u> </u>					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

	Division of Co					
SUBJE	CT: Florid	a Hone Solution	s and I	nuestre	en£s	LLC
		(Name of Resulting	Florida Limited	Company)		
convert		ate of Conversion, Artsiness Entity" into a "18.439, F.S.				
Please	return all corre	spondence concerning	this matter t	o:		
	Nathan	(Contact Person)				
-		(Contact Person)				
		(Firm/Company)				
	539 Fr	anklyn Ave				
		(Address)				
-	Indialon	tic, FL 32 City, State and Zip Code)	903			
	(C	City, State and Zip Code)				
	doylenp	e used for future annual re	1. com			
E-ma	ail Address: (to be	e used for future annual rep	oort notification	s)		
For fur	ther information	on concerning this mat	ter, please ca	11:		
	Nathan.	Doyle ct Person)	at (321) 69	5-41	75
	(Name of Conta	ct Person)	(Area C	ode and Day	time Telep	ohone Number)
Enclose	ed is a check fo	or the following amou	nt:			
(\$25 for	Conversion for Articles	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Fil and Certified	_	Certified	0 Filing Fees, Copy, and e of Status
STREET ADDRESS:			MAILING ADDRESS:			

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

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

FILED 10 SEP -3 AM II: 57

Certificate of Conversion For

"Other Business Entity"
Into

TALLAHASSEE, FLORIDA

Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

57

`					
Signed this 31st day of August	20 10				
Signature of Member or Authorized Representative of Limited Liability Company:					
Signature of Member or Authorized Representative Printed Name: Nathan P. Dayle	e: Managin Member				
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: Allumina Printed Name: Prodence Dovics	Title: Secretary				
Signature:	·				
Printed Name:	Title:				
Signature:					
Signature: Printed Name:	Title:				
Signatura					
Signature:Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	Title:				
Signature:					
Signature: Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.					
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.					
All others: Signature of an authorized person.					
Fees:					
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Florida Home Solutions and Investments, L.L. (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation	
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
539 Franklyn Ave Samo	
32903	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Nathen Doyle Name 539 Franklyn Ave Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Indialantic, FL 32953 City, State, and Zip	
City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR/MGRH	Nathan Doyle 539 Franklyn Ave Indialantic, FC 32903				
SECY	Prudence Davies 2504 Plantation Dr. Melbourne, FL 32901				
	(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the office of the effective date: 1) cannot be prior to not document is filed by the Florida Department the effective date listed in the attached Cedate is listed therein.) REQUIRED SIGNATURE:	(OPTIONAL) or more than 90 days after the date this at of State; AND 2) must be the same as ertificate of Conversion, if an effective S				
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed 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)

Page 2 of 2