# 115000189355

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



300278660913

11/03/15--01023--002 \*\*150.00

EFFECTIVE DATE

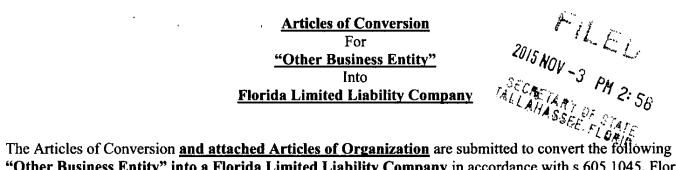
2015 NOV -3 PM 2: 58

NOV 1 0 2015

<u>.</u>		COVER LET	TER		· •	
TO: Registration S				*	<b>;</b>	
SURJECT: AFFORD	PABLE HOMES LIMITED	, LLC				
SCHOLET.		of Resulting Florida I	_imite	d Company)		_
	s of Conversion, Artic a "Florida Limited Li	_	-			
Please return all corr	espondence concerning	g this matter to:				
G	EORGE BOWDOIN					
	(Contact Person)					
AFFOR	DABLE HOMES LIMITE	D, LLC				
	(Firm/Company)					
1903 BL	UE RIVER ROAD					
	(Address)					
HOLID	AY, FLORIDA 34691					
	City, State and Zip Code)					
VERPL	ANTILLA@YAHOO.CO	М				
E-mail Address: (to b	e used for future annual re	port notifications)				
For further informati	on concerning this ma	tter, please call:				
VIRGILIO PLANTIL	LA	_at ( <u></u>	<b>4</b> 638	-0510		
(Name of Conta	act Person)	(Area Code)	(Day	time Telepho	ne Number)	
Enclosed is a check to	for the following amou	nt:				
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing F and Certified Copy		□\$185.00 Certified C Certificate		
STREET ADDRES Registration Section	S:	MAILII Registra		ADDRESS: Section		

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

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



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	Entity" immediately prior to the filing of the Articles of Conversion is: ABLE HOMES LIMITED, CORP.
	Name of Other Business Entity)
2. The "Other Business Entity" is a	CORPORATION
Ö	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporat	ed under the laws of FLORIDA
on OCTOBER 20, 2015  (date of organization, formation or incor	(Enter state or if a non II S antity the name of the country)
(date of organization, formation or incompared to the control of t	poration)
	Liability Company as set forth in the attached Articles of Organization:
<del></del>	Florida Limited Liability Company)
4. If not effective on the date of filin	g, enter the effective date: NOV. 9, 2015
(The effective date: 1) cannot be p date this document is filed by the F date listed in the attached Articles	rior to date of receipt or filed date nor more than 90 days after the lorida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.)  not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been a	oproved in accordance with all applicable statutes.

Page 1 of 2

Signed this 30TH day of OCTOBER	20_15
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Democratatives Herry	Bourdoin
Signature of Authorized Representative: Hong. Printed Name: GEORGE BOWDOIN	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: GEORGE BOWDOIN	
Printed Name: GFORGE ROWDOIN	Title: PRESIDENT
Trinica Ivaine.	Title. TRESIDENT
Signature: Printed Name: VIRCILIO PLANTILLA	
Printed Name: VIRCILLO PLANTILLA	Title: VICE-PRESIDENT
Signature:Printed Name:	Tid
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:	Title:
<u>If Florida Corporation:</u>	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	tv Partnershin:
Signature of one General Partner.	<u>, 1 with 1011251</u>
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others:	
Signature of an authorized person.	
and the state of t	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
r ethnicale of Status,	* 1 10 1 / 1 / 10 11 / 10 M M M M M M M M M M M M M M M M M M

ARTICLE IV-				
The name and address of each	nercon	authorized to	s managa a	nd contro

Burgara San

The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager	
MGR	GEORGE BOWDOIN
	1903 BLUE RIVER ROAD
	HOLIDAY, FLORIDA 34691
AMBR	VIRGILIO PLANTILLA
	330 APPALOOSA ROAD
	TARPON SPRINGS, FLORIDA 34688
X	
X	
(Use attachment if necessary)	
RTICLE V: Effective date, if other the an effective date is listed, the date or 90 days after the date of filing.)  te: If the date inserted in this block does not sument's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
RTICLE V: Effective date, if other the an effective date is listed, the date or 90 days after the date of filing.) te: If the date inserted in this block does not	must be specific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date will not be listed as the State's records.
RTICLE V: Effective date, if other the an effective date is listed, the date or 90 days after the date of filing.)  te: If the date inserted in this block does not be burnent's effective date on the Department of the RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date will not be listed as the State's records.
TICLE V: Effective date, if other the an effective date is listed, the date of 90 days after the date of filing.)  e: If the date inserted in this block does not ument's effective date on the Department of TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date will not be listed as the State's records.
TICLE V: Effective date, if other than effective date is listed, the date of 90 days after the date of filing.)  E: If the date inserted in this block does not ament's effective date on the Department of TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a management of the document is executed a management of the document is executed a management of the date of the d	must be specific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date will not be listed as the State's records.

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

## $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company i	is:		Wisher St. So.
AFFORDABLE HOMES OF TA	MPA BA	Y LISU	
(Must end with the words "Limited Lia			
ARTICLE II - Address: The mailing address and street address of the	principal of	fice of the Limited	
Principal Office Address:	•	g Address:	effective dati
1903 BLUE RIVER ROAD	1903 BL	UE RIVER ROAD	<del> </del>
HOLIDAY, FLORIDA 34691	HOLIDA	Y, FLORIDA 34691	<u> </u>
VIRGILIO PLA Nai	······································		
1903 BLUE RIV	ER ROAD		
Florida street address (P.	.O. Box <u><b>NO</b></u>	T acceptable)	
HOLIDAY	FL	34691	
City		Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as a Registered Agent's Si	in this certi, acity. I furth te performan registered ag	ficate, I hereby acc ner agree to comply ce of my duties, an gent as provided fo	rept the appointment as y with the provisions of all ad I am familiar with and

(CONTINUED)

Page 1 of 2