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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: HOMES VENTURE LLC (Name of Resulting Florida Limited Company) | |
| (Name of Resulting Florida Limited Company) | |
| The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Othe Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. | r |
| Please return all correspondence concerning this matter to: | |
| SANDRA BUBLIS (Contact Person) | |
| HOMES VENTURE LLC (Firm/Company) 14380 RIVA DEL LAGO DR. #2004 (Address) | |
| 14380 RIVA DEL LAGO DR. #2004 (Address) | |
| FORT MYERS, FL 33907 (City, State and Zip Code) | |
| E-mail Address: (to be used for future annual report notifications) | |
| For further information concerning this matter, please call: | |
| Sandra Bublis at (239) 246-1542 (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certificate of \$180.00 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 | |

INHS11 (06/15)

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: HOMES VENTURE LLC (Enter Name of Other Business Entity) |
|--|
| (Siller Name of Other Datimets Silling) |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Nevada |
| on <u>January 29 2013</u> . (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| HOMES VENTURE LLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: January 29, 2016. (The effective date: 1) cannot be prior to date of receipt or filed date 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 Organization, 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. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
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Page 1 of 2

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| Signed this 30 th day of October | _20 <u>/5</u> |
|---|--|
| Signature of Authorized Representative of Limi | |
| Signature of Authorized Representative: ANDRA BUBLIS | Title: MANAGER |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| Signature: Sandy Suble | |
| Signature: Sandra Bubli Printed Name: SANDRA BUBLIS | Title: MANAGER |
| Signature: | |
| Signature:Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Director, or | Officer. |
| If Directors or Officers have not been selected, an Inc | |
| If Florida General Partnership or Limited Liabili | tv Partnership: |
| Signature of one General Partner. | |
| If Florida Limited Partnership or Limited Liabilit | ty Limited Partnership: |
| Signatures of <u>ALL</u> General Partners. | |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles 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: | |
| | |
| Homes Ventur | |
| (Must end with the words "Limited Liabilit | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 14380 Riva Del Lago Dr. #2004 | SAME |
| Fort Myers, FL 33907 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |

The name and the Florida street address of the registered agent are: SANDRA BUBLIS
Name

14380 Riva Del Lago Dr. #2004
Florida street address (P.O. Box NOT acceptable)

Fort Myers FL 33907

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 605, F.S..

(CONTINUED)

Page 1 of 2

| <u>Γitle:</u> | Name and Address: |
|--|---|
| 'AMBR" = Authorized Member 'MGR" = Manager MGR | Sandra Bublis 14380 Riva Del Lago Dr. |
| | Port Myers, PL 33707 |
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| LE V: Effective date, if other than the | ne date of filing: <u>January 29, 2016</u> . (OPTIONA |
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| fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet is effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in I am aware that any false infor constitutes a third degree felor | t be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be e's records. The control of the specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be e's records. The control of the specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be e's records. The control of the specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be e's records. The control of the specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be e's records. |