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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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10/26/16

COVER LETTER

| Division of Corporation | | |
|--|--|---|
| SUBJECT: RES | (Name of Resulting Florida Limited | Company) |
| | , - | n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S. |
| Please return all corresponden | ce concerning this matter to: | |
| RONALD MORE (Contact | t Person) LLC Company) On. South Underss) | |
| RES REALTY | Company | |
| 4801 Ospray & | ompany) on. Soury Undress) | T 504 |
| ST PETERS BURG (City, State | | |
| E-mail Address: (to be used for | MAIL. Com future annual report notifications) | |
| For further information conce | <u>-</u> | |
| (Name of Contact Person) | at (<u> </u> | <u>Y35-3237</u> (Daytime Telephone Number) |
| | llowing amount: (All checks pro | ocessed by this office must be payable in US |
| | 00 Filing Fees | ees \$\Bigsigs \\$185.00 \text{ Filing Fees,} \\ Certified Copy, and \\ Certificate of Status |
| STREET ADDRESS: | | G ADDRESS: |
| Registration Section Division of Corporations | • | ion Section of Corporations |
| Clifton Building | P. O. Bo | • |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahas | see, FL 32314 |

TO: Registration Section

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.

| Statutes. | |
|--|-----------------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Limitable Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | of Conversion is: |
| (m15-066412) (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a LIMITRO 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 | me of the country) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Article | s of Organization: |
| (Enter Name of Florida Limited Liability Company) | |
| 4. If not effective on the date of filing, enter the effective date: 01 2017 (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 9 date this document is filed by the Florida Department of State; AND 2) must be the sa 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 we document's effective date on the Department of State's records. | ame as the effective 1.) |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. | |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | rights the amount to |
| Page 1 of 2 | FILE P |

| Signed this <u>18</u> day of <u>Octo</u> | SER 20/6. |
|---|---|
| Signature of Authorized Representati | ve of Limited Liability Company: |
| Signature of Authorized Representative: Printed Name: Donard Monalls | Title: MANAGNIG MEMBER |
| Signature(s) on behalf of Other Busines | s Entity: [See below for required signature(s)] |
| Signature: Lilean Month | Title: 10/18/16 |
| Signature: Sliften Market Printed Name: Strapthe Monal | |
| Signature: | |
| | Title: |
| | |
| Printed Name: | Title: |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele | |
| If Florida General Partnership or Limit Signature of one General Partner. | ted Liability Partnership: |
| If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners. | ted Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 116 OCT 21 PH 2: I

\$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: | | | |
|---|---|--|--|
| (Must end with the words "Limited Liability | Company, "L.L.C.," or | ·LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the print | | | mpany is: |
| Principal Office Address: | Mailing Address: | | |
| 1801 OSPREY DR SOUTH WAIT 504 ST PETERS BURG, FL 33711 | SAME | ٤ | |
| 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 re | gistered agent are: | | |
| RONALD MORE | <u>Ilo</u> | | |
| RONALD MORE 4801 OSPREY | N. SouTH | | |
| Florida street address (P.O. | D. MOT. | 1 \ | |
| | | | |
| ST PETERSBURG City | FL 337/ | <u> </u> | |
| City | Ζip | | |
| Having been named as registered agent and to liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi | this certificate, I her y. I further agree to erformance of my di | eby accept the appoin comply with the prov ities, and I am familia | ntment as visions of all or with and |
| Registered Agent's Signa | ull uture (REQUIRED) | 2018 OCT 2 | Ting Ting |
| (CONTINU | | 5; PH. | |
| Page 1 of | 2 | رن م | #1.4 |

| "AMBR" = Authorized Member | Name and Address: | |
|--|---|--|
| "MGR" = Manager | RONALD MORE 110 - AMBR 4801 OSPREY Dr. SOUTH | |
| | 4801 Osprey Dr. South | |
| | UNIT SOY | |
| | ST PETERSBURG, FL 33711 | |
| | FILEEN MOREllo - AMBR | |
| | 4801 Ospray Dr. South | |
| | WIT SOY | |
| | ST PRIKAS BUAG, FC 33711 | |
| | STEPHEN MORRILO - MGR | |
| | 125 WESTMINSTER RD WEST HEMPSTEAD, NY 11552 | |
| | WEST HEMPSTEARS, 109 1133 2 | • |
| (Use attachment if necessary) | 1 | |
| CLE V: Effective date, if other than the | he date of filing: 01 01 2017 (OPTIONAL) | • |
| | t be specific and cannot be more than five business days prior to | or 9 |
| effective date is listed, the date must the date of filing.) | | |
| effective date is listed, the date must | | |
| effective date is listed, the date must he date of filing.) | 2 | ن سند پرېد |
| effective date is listed, the date must he date of filing.) | 2018 O | A Company of the Comp |
| effective date is listed, the date must he date of filing.) | Z018 OST 24 | The state of the s |
| effective date is listed, the date must the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | | |

ARTICLE IV-

Filing Fees:

Typed or printed name of signee