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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 0 3 2017 T SCHROEDER

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sapphire (Name of Resulting F	Home Investments, LLC lorida Limited Company)
	Organization, and fees are submitted to convert an "Other
Please return all correspondence concerning this i	natter to:
Aida Santiago	
(Contact Person) V/A	
(Firm/Company)	
2424 Ridgeway Drive	
Kissimmee, FL 34746 (City, State and Zip Code)	
Aida Santiago 1@ aol. Com E-mail Address: (to be used for future annual report not	fications)
For further information concerning this matter, pl	ease call:
Name of Contact Person) at (_	107 (Daytime Telephone Number)
	I checks processed by this office must be payable in US
	10.00 Filing Fees
STREET ADDRESS:	MAILING ADDRESS:
•	
2661 Executive Center Circle	Tallahassee, FL 32314
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

For "Other Business Entity"

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.

(Enter Name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Say phire Home Investments</u> , LLC (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 (Enter state, or if a non-U.S. entity, the name of the country)
on <u>September 19, 2016</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Sapphire Home Investments, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: N/A (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.) 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.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

Signed this 15th day of Septembe	<u> 20 17</u>
Signature of Authorized Representative of Lin	mited Liability Company:
Signature of Authorized Representative: Minimum Printed Name: Aida Jantiago	Lanty AMBR
Signature(s) on behalf of Other Business Entity:	
Signature: All Sartina	
Signature: July Santiago Printed Name: Aida Santiago Signature: Printed Name: Margarita Lopez	Title: AMBR
Signature:	
Printed Name: Margarita Lopez	Title: AMBR
Signature: Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, of	
If Directors or Officers have not been selected, an I	incorporator must sign.
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	ility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Amido of Committee	63 6.00

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Sapphire Home Investments, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "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:
457 Bar CI Kissimmer, FL: 34759 Kissimmer, FL 34759
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:
HidA Jantiago
name
457 Bar CT
Florida street address (P.O. Box NOT acceptable)
Rissimmee FL 34759
City 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 605. F.S.
Med Jester
Registered Agent's Signature (REQUIRED)
(CONTINUED)

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

"AMBR" = Authorized Member	
"MGR" = Manager	and Carting
AMBR	HidA Jantiago
	Kissimmu, FL 34759
.	Rissimau, FL 134759
AMBR	Margarita Lopez
	457 J Bar C7
	Kissimmee, EL 34759
	
(Use attachment if necessary)	
(Use attachment if necessary) TCLE V: Other provisions, if any.	
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,	
,	Lanting
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes, I am aware that becoment to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes. I am aware that secument to the Department of State constitutes a third degree felony. Add Jahhagu
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	or an authorized representative of a member nee with section 605.0203 (1) (b). Florida Statutes, I am aware that becoment to the Department of State constitutes a third degree felony. Add Jahlagu Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	Typed or printed name of signee Filing Fees
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordar any false information submitted in a do as provided for in s.817.155, F.S.	Typed or printed name of signee Filing Fees s of Organization and Designation of Registered Age

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