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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	itate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docut	ment Number)
Certified Copies	Certificate	s of Status
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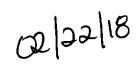
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Federal Express cover letter



TO: New Filing So			
SUBJECT: Brick Hor	use Realty, LLC		
SUBJECT:		ulting Florida Limited Cor	npany)
		_	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Denise N. Murphy, Esqu	ire		
	(Contact Person)		
Denise N. Murphy, P.A.			
	(Firm/Company)	-	
531 Main Street, Suite F			
	(Address)		
Safety Harbor, FL 3469:	5		
((City, State and Zip Code)		
denise@denisemurphypa	i.com		
E-mail Address: (to b	e used for future annual rep	port notifications)	
For further information	on concerning this mat		
Denise N. Murphy		_at ()	8101
(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status

XSTREET ADDRESS:

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

MAILING ADDRESS:

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

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: Brick House Realty Services, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
06/22/2011 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Brick House Realty Team, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt on filed date nor more than 00 calendar days of tax
(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. 23 PH 55 PH

Signed this 27th day of February	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: Joseph E. Courey	Title: Sole Member
Signature(s) on behalf of Other Business Entity: [
Signature: Printed Name: Joseph E. Courey	Title: President
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ind	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL 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:		
Brick House Realty Team, LLC		
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
531 Main Street, Suite I	c/o Denise N. Murphy, Esquire	
Safety Harbor, FL 34695	531 Main Street, Suite F	
	Safety Harbor, FL 34695	
business entity with an active Florida registration.) The name and the Florida street address of the representation. Denise N. Murphy, P.A.	egistered agent are:	
Name	;	
531 Main Street, Suite F		
Florida street address (P.O.	. Box <u>NOT</u> acceptable)	
Safety Harbor	FL 34695	
City	Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as regional complete paccept the accept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligations of my position as regional complete paccept the obligation of the paccept the obligation of the paccept the obligation of the paccept th	this certificate, I hereby accept ity. I further agree to comply work overformance of my duties, and I gistered agent as provided for in mature (REQUIRED)	the appointment as ith the provisions of all am familiar with and

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Joseph E. Courey
	531 Main Street, Suite I
	Safety Harbor, FL 34695
(Ose attachment in necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
ELE V: Other provisions, if any.	
•	
ELE V: Other provisions, if any.	
ELE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware t
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Joseph E. Courey	with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fel
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. Joseph E. Courey	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellowed or printed name of signee Filing Fees

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

ARTICLE IV-

Company: