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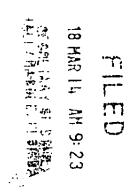
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| . (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| , | VERLETTER |
|---|---|
| TO: New Filing Section Division of Corporations | |
| SUBJECT: 3// APARTMENT | 40 |
| SUBJECT: 3// APARTMENT (Name of Resulting F | lorida Limited Company) |
| The enclosed Articles of Conversion, Articles of C Business Entity" into a "Florida Limited Liability | Organization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S. |
| Please return all correspondence concerning this n | natter to: |
| LIEM DO | |
| (Contact Person) 3// APART MENT LLC (Firm/Company) | |
| 31/ APARTMENT LLC | |
| (Firm/Company) | |
| 5409 NE ST. JOHNS PD (Address) | |
| (Address) | |
| VANCOUVER WA 9866/ (City. State and Zip Code) | |
| (City. State and Zip Code) | |
| LIEMDODDS & GMAIL.CO E-mail Address: (to be used for future annual report noti | run fications) |
| For further information concerning this matter, ple | case call: |
| LIEM DO mi | 360 \ 2/2-989// |
| (Name of Contact Person) at (| Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: (Al dollars and drawn on a bank located in the United | l checks processed by this office must be payable in US States) |
| | 30.00 Filing Fees ertified Copy Certified Copy, and Certificate of Status |
| STREET ADDRESS: | MAILING ADDRESS: |
| New Filing Section | New Filing Section |
| Division of Corporations | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 Tallahassee, FL 32314 |
| and an amount of the control of the | Fairand8800, F1, 02.014 |

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| First organized, formed or incorporated under the laws of |
| on $\frac{7/10/2017}{\text{(date of organization, formation or incorporation)}}$ |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (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: (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 6 day of MARCH | _ 20 |
|---|--|
| Signature of Authorized Representative of Limit | ted Liability Company: |
| Signature of Authorized Representative: | Title: OWNER |
| Signature(s) on behalf of Other Business Entity: [| See below for required signature(s)] |
| Signature: Printed Name: LIEM Do | Title: OWN-SK |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

18 MAR II, MI 9: 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|------------------------------|--|---|
| 3// APARTMENT (Must contain the words "Limited Liabilit | LLC | | | |
| (Must contain the words "Limited Liabilit | y Company, "L.L.C.," or "L | .LC.") | | |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the | Limited 1 | Liability C | ompany is: |
| Principal Office Address: | Mailing Address: | | | |
| 5489 NE ST. JOHNS RD | 5409 NE | STO | JOHNS | RD |
| SYON NEST. JOHNS RD VANCOUVER WA-98661 | MUCAUVEL | WA | -9866/ | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the server and the Florida street address of the server and the Florida street address of the server addre | tered Agent. You must desig | inate an ind | lividual or ano | lher |
| The name and the Florida street address of the i | - | | | |
| LIEM DO Name | <u> </u> | | | |
| | | | | |
| 3300 ABALONE Florida street address (P.C | D. Box <u>NOT</u> acceptab | le) | | |
| CRLANDO | FL 3283 | 3 | | |
| <u>CRLANDO</u> 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 capact statutes relating to the proper and complete accept the obligations of my position as re | n this certificate. I her city. I further agree to performance of my di | eby accept comply uties, and | pt the appo with the pro Lam famil | intment as ovisions of all iar with and |
| Registered Agent's Sig | nature (REQUIRED) | | | |
| (CONTIN | NUED) | | ALL CHARGES OF | THE THE |

| 4 | D' | ГI | C^{*} | LE. | 11 | 1_ |
|---|----|----|---------|-----|----|-----|
| | ĸ | ı | | 1 T | | , - |

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

| <u>Title:</u> | Name and Address: | |
|---|--|-------------|
| "AMBR" = Authorized Member "MGR" = Manager A-BIBR | LIEM DO SHOT WE ST. JOHNS RD VAN COUVER WA 98661 | |
| | | |
| | | |
| (Use attachment if necessary) | 77 (916) 77 (927) 27 (77) 78 (77) 78 (77) | 18 MAR IL |
| FICLE V: Other provisions, if any. | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | |
| | ्रद्वा । सुरुवा | ب 2 9 |
| REQUIRED SIGNATURE: | ` } | |
| This document is executed in accordance | 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 felo | at iny |
| LIEM DO | > | |
| Тур | ped 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)