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SECRETARY OF STATE

Office Use Only

N CULLIGAN MAY 1 2018

### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TUSTA HOMERUYERS, LLC
SUBJECT: TUSTA HOMERUYERS LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
GABRIEL LANDER
(Contact Person)  TUSTA HOMEBUYERS, UC  (Firm/Company)
1532 SW 147 AVE  (Address)
PEMBROKE PINES FL 33027  (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 904-4884 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S\$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization)  \$\begin{array}{c} \Begin{array}{c} arra
STREET ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section
New Filing Section Division of Corporations Clifton Building  New Filing Section Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2018

GABRIEL LANDER 1532 SW 147 AVE PEMBROKE PINES, FL 33027

SUBJECT: INSTA HOMEBUYERS, LLC

Ref. Number: W18000030509

We have received your document for INSTA HOMEBUYERS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$150.00.

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing. File before May 15 +

NOTE: I have retained the Conversion and Articles for the LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00006370

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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 <u>NEUADA_UMITED_UABILITY_CORPANY_(PARTUEL</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of <u>NEVADA</u>
(Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
INSTA HOHEBUYERS, LC
(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.

Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:  Printed Name: (\( \Lambda \text{NNEL} \)	MI Pitle: TRANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signatur
Signature:	
Printed Name: GARRIFIC WIDER	Title: TUNAGE R
Signature:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
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	corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	ty Limited Partnership:
Signatures of ALL General Partners.  All others:	
Signature of an authorized person.	
Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:  Articles of Conversion:	\$25.00
Signatures of ALL General Partners.  All others: Signature of an authorized person.  Fees:	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INSTA HOMEBUT	ERS, LLC		
(Must o	contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address ar		al office of the Limited Liability Company is:	
Principal Office Add	ress:	Mailing Address:	
1532 SW 147 AVE		1532 SW 147 AVE	ASS CO
PEMBROKE PINES	S, FL 33027	PEMBROKE PINES, FL 33027	1 1
			APR 30 PM 12: 51 CHARASSEE FLORI
	ipany cannot serve as its own Register	ce, & Registered Agent's Signature: red Agent. You must designate an individual or another	) 12: 56 SIATE FLORIDA
The name and the Flor	rida street address of the registe	red agent are:	<b>&gt;</b>
	GABRIEL LANDER		
	GABRIEL LANDER Nam	nc	
		ne .	
	Nam 1532 SW 147 AVE	CO. Box <u>NOT</u> acceptable)	
	Nam 1532 SW 147 AVE	O. Box NOT acceptable)	
	Nam 1532 SW 147 AVE Florida street address (P		

(CONTINUED)

	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	GABRIEL LANDER	
	1532 SW 147 AVE	
	PEMBROKE PINES, FL 33027	
MGR	CARLOS LANDER	<del></del>
	1532 SW 147 AVE	TĂL!
	PEMBROKE PINES, FL 33027	18 APR 30 PH 12: 56 SECRETARY OF STATE FALLAHASSEL, FLORE
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(Use attachment if necessary)		
ICLE V: Effective date, if other than the	e date of filing: (C	PPTIONAL)
TCLE V: Effective date, if other than the refrective date is listed, the date must be	e date of filing: (Coesspecific and cannot be more than five business	OPTIONAL) s days prior to or 90 cale
TCLE V: Effective date, if other than the effective date is listed, the date must be after the date of filing.)	e date of filing: (Coesspecific and cannot be more than five business	PPTIONAL) s days prior to or 90 cale
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TICLE V: Effective date, if other than the effective date is listed, the date must be after the date of filing.) TICLE VI: Other provisions, if any.  DUIRED SIGNATURE:	Signature, of a member or an authorized representative	s days prior to or 90 cale
TICLE V: Effective date, if other than the effective date is listed, the date must be after the date of filing.)  TICLE VI: Other provisions, if any.  DUIRED SIGNATURE:  Succordance with section 605.0205 (3), Florida State the facts stated herein are true. I am aware that	e specific and cannot be more than five business	ation under the penalties of per

ARTICLE IV-

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)