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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	r)
(Do	ocument Number)	
Certified Copies	Certificates c	of Status _
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Special Instructions to	Filing Officer:	

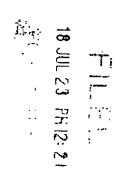
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M. MOON
JUL 25 2018

COVER LETTER

	ew Filing S ivision of C	ection Corporations			
SUBJEC'	T: Con	E Homes AMI)	DEVELOPMENTS, sulting Florida Limited Cor	LLC	
	•	(Name of Re	sulting Florida Limited Cor	npany)	_
				nd fees are submitted to accordance with s. 605.1	
Please ret	urn all corr	espondence concernit	ng this matter to:		
	landi A	P. LEUH'S (Contact Person)			
<i>C</i>	ORE HON	NES AND DEVE (Firm/Company)	lopments, Lic		
<u> </u>	'30 LiTT	(Contact Person) NES AND DEVE (Firm/Company) ERIVER DR. (Address)			18 JUL 2
		FLOKIDA 3			- C.
	,	City, State and Zip Code) Ahov, Corporated for future annual re			18 JUL 23 PH 12: 21
For furthe	r informati	on concerning this ma	itter, please call:		
<u>Clau</u>	dia Pame of Conta	LEWIS not Person)	at (<u>305</u>) Z (Area Code) (Day	283 - 747/ ytime Telephone Number)	_
		for the following amore a bank located in the		sed by this office must b	pe payable in US
\$150.00 (\$25 for Co & \$125 for of Organiza	nversion Articles	□\$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	
STREET	ADDRES	S:	MAILING A	ADDRESS:	
New Filin	g Section		New Filing S	Section	
	of Corporat	ions	Division of C		
Clifton Bu	~		P. O. Box 63		
7661 Eve	cutive Cent	er Circle	Tallahassaa	EI 30314	

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: CORE HOMES AND DEVELOPMENTS, LLC MIZAGO 7543 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Limited Liability ComPany</u> (Enter entity type. Example: corporation, limited partnership, general partnership, dommon law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on July 21, 2017 (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: July 21, 2018. (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 day of	_ 20 <u>_/\$</u> .			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: Printed Name: Claudia P. Lewis	Title: OPERATING MANAGER			
Signature(s) on behalf of Other Rusiness Entity: 1	/			
Signature: Clavoia P. LEWIS	Title: OPERATING MANAGER			
Signature: Printed Name:	,			
Signature: Printed Name:	_ Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
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 Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		الال 18	
All others: Signature of an authorized person.		π.	<u>دی</u>	<u>.</u>
Fees:		 5	PH 12:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	wr'	29	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Core Homes and Developments, Limited Liability Company

(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:

Mailing Address:	
830 Utile River Dr.	
Miami, Ft. 33150	

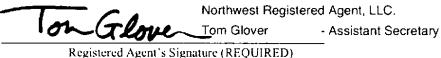
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Northwest Re	gistered Age	nt, LLC.
	Name	
3030 N. Rock	y Point Dr. S	TE 150A
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
Tampa	FL	33607
City	State	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.,



(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MG R	Claudia P. Lewis 830 Little River Dr.
ī	830 Little RIVER DR.
	Miami, FLORIDA 33150
	
(1)	
(Use attachment if necessary)	*: •
ICLE V: Other provisions, if any.	•
REQUIRED SIGNATURE:	
(Cardy)	·
Signature of a member or	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 felor

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)