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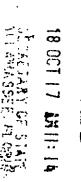
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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#### **COVER LETTER**

SUBJECT: A+LAN+IC APPRAISAS OF VIRGINIO (Name of Resulting Florida Limited Company)	ζ
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Ot Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.	ther
Please return all correspondence concerning this matter to:	
MARIA S. BARRY	
Atlantic Appraisals of Virginia LLC (Fin Company)	
14210 Lovers Key lane	
ORlando FL 32828	
(City, State and Zip Code)  2+lanticoporai sals IICa gmail.com  E-mail Address: (to be used for future annual report notifications)	
For further information concerning this matter, please call:  MARIA BARRY  at (757) 348-6545  (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount: (All checks processed by this office must be payable in Udollars and drawn on a bank located in the United States)	JS
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## STREET ADDRESS:

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

**TO:** New Filing Section

Division of Corporations

#### 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 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:    A
2.	The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
	rst organized, formed or incorporated under the laws of VIRGINIA  (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:  MARIA BARRY APPRAISALS LLC  (Enter Name of Florida Limited Liability Company)
(T the <u>No</u>	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 e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	18 OCT I

Signed this d	ay of	20
*		nited Liability Company:
Signature of Authorized Printed Name: MAR	Representative: 77	ara Barre Title: Owner
Signature(s) on behalf o	f Other Business Entity:	[See below for required signature(s)]
Signature: Maug Printed Name: MAR	BARRY BARRY	Title: DWN(R
Signature:		Title:
Printed Name:	- · · · · · · · · · · · · · · · · · · ·	Title:
Signature:		Title:
Printed Name:		Title:
Signature:	<del></del>	Title:
Printed Name:		Title:
Signature:		Title:
Signature: Printed Name:		Title:
	ice Chairman, Director, o	
If Florida General Partr Signature of one General	nership or Limited Liabi Partner	lity Partnership:
<b>If Florida Limited Partn</b> Signatures of <u>ALL</u> Gener		lity Limited Partnership:
All others: Signature of an authorized	l person.	
Fees:		
Articles of Conve Fees for Florida A Certified Copy: Certificate of Stat	articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# The name of the Limited Liability Company is: MARCIA GOOD V DOORNISHIC LI

MARIA BARRY APPRAISALS LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
14210 Lovers Key lane ORLANDO FL 32828	14210 Lovers Keylane DRLANDO FL 32828
	<del></del>

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:

MARIA BARRY

Name

14210 LOVERS KEY Lane

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32828

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manage (Use attachment if necessary) **ARTICLE V:** Other provisions, if any. **REQUIRED SIGNATURE:** Signature of a member of an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed 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)

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

ARTICLE IV-