119000160514

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

K. PAGE JUN 28 2019



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SECTION OF STATE

SECRETARY OF STATE
JIVISION OF CORPORATION



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2019

GENITH M CALVAR 15801 SW 54TH PL SOUTHWEST RANCHES, FL 33331

SUBJECT: RE-MAP REALTY LLC Ref. Number: W19000057016

We have received your document for RE-MAP REALTY LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 719A00012074

COVER LETTER

TO: New Filing S Division of C					
SUBJECT: RE-MAE	REALTY LLC				
30 b 0Ee1	(Name of Res	ulting Florida Lim	ited Con	npany)	
				d fees are submitted to convert coordance with s. 605.1045, F.S.	
Please return all corr	espondence concernin	g this matter to:			
GENITH M CALVAR					
	(Contact Person) (Firm/Company)		_		
15801 SW 54TH PL			_		
	(Address)		-		
15801 SW 54TH PL					
(1	City, State and Zip Code)				
Genith.realtor@gmail.co	m				
E-mail Address: (to b	e used for future annual re	port notifications)	_		
For further informati	on concerning this ma	tter, please call:			
GENITH M CALVAR		_at (⁹⁵⁴	854-5	5359	
(Name of Conta	act Person)	ar ((Area Code) (Day	ytime Telephone Number)	
	for the following amount a bank located in the		proces	sed by this office must be payal	ble in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		□\$180.00 Filin and Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAII	ANG A	ADDRESS:	
New Filing Section			_	Section	
Division of Corporat	ions			Corporations	
Clifton Building		P. O. 1	Box 63	27	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: RE-MAP REALTY, COPR
(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 Enter state, or if a non-U.S. entity, the name of the country)
09/17/2018 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: RE-MAP REALTY. 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 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.

SECRETARY OF STAFE

NVISION OF CORPORATION

19 JUN 27 AM 8: 20

SECRETARY OF STAFE

FALL AHASSEF ET ORIDA

Signed this 01 day of JUNE	<u>2019</u> .	
Signature of Authorized Representative of Limit	ted Liability Company:	
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name: GENITH M CALVAR	Title: PRESIDENT CORNEL F	orher.
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)	
Signature: Troobty Printed Name: Goodh H. Colugar		10 # 7 : co. Directo.
Signature:Printed Name:	_ Title:	
Signature: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 of the Directors 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.		. луг 19 Баса
Fees:		NOT LANGE
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PARY OF STATE OF SCREENATION OF SCREENATION STATE OF STATE SSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Entitled Elability Company is.		
DE MARRIEN II.C		
RE-MAP REALTY, 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 Liab	ility Company is:
Principal Office Address:	Mailing Address:	
15801 SW 54TH PL	15801 SW 54TH PL	
SOUTHWEST RANCHES FL 33331	SOUTHWEST RANCHES FL 33331	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
GENITH M CALVAR		
Name		
15801 SW 54TH PL		
Florida street address (P.O	. Box NOT acceptable)	
SOUTHWEST RANCHES	FL 33331	
City	Zip	
3.,,	—- _r	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept th ity. I further agree to comply with performance of my duties, and I an	e appointment as the provisions of all n familiar with and
Registered Agent's Sign) <u>()のでう</u> も(⁾ pature (REQUIRED)	SLORE TARY JIVISION OF COL 19 JUN 27 DELANE LANT V TALLAHASSER
(CONTIN	UED)	AM 8: 20

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	GENITH M CALVAR	
	15801 SW 54TH PL	
	SOUTHWEST RANCHES FL 33331	
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	A SS	,
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	SP SP	<u>.</u>
(Use attachment if necessary)	RIDA	0
CLE V: Other provisions, if any.		
1 · · ·		
REQUIRED SIGNATURE:	a nocotar	
	710000	

ARTICLE IV-

as provided for in s.817.155, F.S.

GENITH M CALVAR

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)