L1900249546

| (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

N. SAMS OCT 1 6 2019



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| TO: | New Filing So Division of C | orporations | u. | | N N |
|-------------------------|---|---|--|--|------------------|
| SUBJ | ECT: The | Pij Book (Name of Resi | ulting Florida Limited Co | ompany) | |
| | | | | and fees are submitted to accordance with s. 605. | |
| Please | return all corre | espondence concerning | g this matter to: | | |
| (| allal | Bot shek | an | | |
| The | Big B | (Contact Person) OOK OF 1-10 (Firm/Company) | , nos | | |
| 37 | 73 OV | (Address) | · | | |
| <u>Ta</u> <u>Jb</u> E-m | Uahas otslack ail Address: (10 be | Sef, [C] City, State and Zip Code) Com Com Coused for future annual rep | 37311 Sastint | | |
| | | on concerning this mat | • | | |
| <u> </u> | (Name of Contact | She Kan | at (\$50) (Area Code) (D | 59-(ZZI aytime Telephone Number) | _ |
| | | or the following amour a bank located in the U | | ssed by this office must | be payable in US |
| (\$25 for & \$125 | 0.00 Filing Fees Conversion for Articles nization) | S155.00 Filing Fees and Certificate of Status | □\$180.00 Filing Fees and Certified Copy | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |

COVER LETTER

STREET ADDRESS:

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

MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Articles of Conversion

For

FIELD

"Other Business Entity"

2015 OCT 16 PH 1: 45

Into

Florida Limited Liability Company 1 A SHAGSEE N 1979

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: |
|---|
| The 1519 1500r or Flower, she |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a CO. Poration |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Flerica |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 8/15/2013 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: The Big Book of Homes, 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.) |
| <u>Note:</u> 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 16 Th day of 60 to be | _ 20_ [9 | | | | | |
|--|--|-----------|--|--|--|--|
| Signature of Authorized Representative of Limited Liability Company: | | | | | | |
| Signature of Authorized Representative: Dalla Bot She Ran Title: President | | | | | | |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] | | | | | | |
| Signature: Jalla Botslekan Title: Poesident | | | | | | |
| Signature:Printed Name: | Title: | | | | | |
| Signature:Printed Name: | Title: | | | | | |
| Signature:Printed Name: | Title: | | | | | |
| Signature:Printed Name: | Title: | * **** | | | | |
| Signature:Printed Name: | Ü | | | | | |
| If Florida Corporation:If Florida Corporation:Signature of Chairman, Vice Chairman, Director, or Officer.If Directors or Officers have not been selected, an Incorporator must sign. | | | | | | |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. | | | | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y 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) | | | | | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The | Bio | 1300 K | 06 | Homes, | LLC. | |
|-----|---------------|--------------------|-------------|--------------------------|-------|--|
| • | (Must contain | the words "Limited | Liability C | ompany, "L.L.C.," or "LI | .C.") | |

ARTICLE II - Address:

Principal Office Address:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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

Mailing Address:

| | Trutting Truction |
|--|------------------------|
| 3773 OxerLOOK Dr. Tallahassee, Fl 32311 | 3773 CUCKLOOK Dr. |
| ARTICLE III - Registered Agent, Registere (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 $\int a $ | otshekan = 3. |
| Florida street address (P.C |). Box NOT acceptable) |
| Tall a hasser | P. FL 32311 25 25 |

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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|-----|----|---|----|----------|-----|---|---|---|
| / 🔪 | 1. | | | L. | Lai | | • | _ |

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | | | |
|--|---|--|--|--|--|
| "MGR" = Manager | Jallal Botshekan 3773 Oserlook Dr. Tallahasser, Fl 32311 | | | | |
| | | | | | |
| | 2 2 2 3 3 4 5 0 C | | | | |
| (Use attachment if necessary) | | | | | |
| ARTICLE V: Other provisions, if any. | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| This document is executed in accordance any talse information submitted in a document as provided for in s.817.155, F.S. | an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony | | | | |
| | 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)