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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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| TO: | New Filing S Division of C | | | | | | |
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| SER | JECT: Realty S | ource 1, LLC | | | | | |
| art/ De | J1.C1. | (Name of Re | sultin | g Florida Lin | nited Cor | mpanyj | |
| | | | | _ | | nd fees are submitted to converge recordance with s. 605,1045, F. | |
| Pleas | e return all corr | espondence concernin | g thi | s matter to | : | | |
| Miche | а Рарр | | | | | | |
| | | (Contact Person) | | - | _ | | |
| Realty | y Source 1, LLC | | | | | | |
| | | (Firm/Company) | | | | | |
| P.O. I | 3ox 6481 | | | | | | 717 |
| | | (Address) | | | - | | 777 8.77 |
| Gaine | Gainesville, Ga., 30504 | | | | | | |
| | (1 | City, State and Zip Code) | | | _ | | ·• |
| accou | inting@realtysou | rce1.net | | | | | ~• |
| E-t | nail Address: (to b | e used for future annual re | porti | notifications) | | | - |
| For fu | irther informati | on concerning this ma | tter. | please call | ; | | cn to |
| Miche | а Рарр | | at | , 800 | 886- | 0746 | |
| | (Name of Conta | ect Person) | •••• | (Area Cod | e) (Day | 0746 ytime Telophone Number) | |
| | | or the following amou a bank located in the | | | proces | sed by this office must be paya | ble in US |
| (\$25 fc & \$12: | 60.00 Filing Fees or Conversion 5 for Articles anization) | ☐\$155.00 Filing Fees and Certificate of Status | | \$180.00 Filir d Certified Co | | CIS185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | | New Divis The O | Et Address: Filing Section Sign of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 | |

Taliahassee, FL 32303

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 filling of the Articles of Conversion is: Realty Source 1, LLC | | | | | | |
|---|--|--|--|--|--|--|
| (Enter Name of Other Business Entity) | | | | | | |
| 2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. | | | | | | |
| (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) | | | | | | |
| August 17, 2015 | | | | | | |
| (date of organization, formation or incorporation) | | | | | | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: | | | | | | |
| Realty Source 1, 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. | | | | | | |

| Signed this 18 day of May | 20 | | | | | |
|---|--|--|--|--|--|--|
| Signature of Authorized Representative of Lim | nited Liability Company: | | | | | |
| Signature of Authorized Representative: Printed Name: Michea Papp | MeChla Rapp Title: Manager | | | | | |
| Signature(s) on behalf of Other Business Entity: | [See below for required signature(s)] | | | | | |
| Signature: Mechla Pa | Title: Manager | | | | | |
| Signature: V(C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/C/ | / Title: Manager | | | | | |
| | | | | | | |
| 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 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 Liability Limited Partnership: Signatures of ALL General Partners. | | | | | | |
| 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) | | | | | |
| | | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LEMITTED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company i | s: | | | | | | |
|--|---|--|--|--|--|--|--|
| Realty Source 1, LLC | | | | | | | |
| (Must contain the words "Limited I | Jability 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: | | | | | | |
| Principal Office Address: | Mailing Address: | | | | | | |
| 2368 Donnie Lee Dr | P.O. Box 6481 | | | | | | |
| Gainesville, Ga., 30506 | P.O. Box 6481 Gninesville, Ga., 305/64 | | | | | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company, cannot serve as its own business entity with an active Florida registration.) | ed Office, & Registered Agent's Signature: | | | | | | |
| The name and the Florida street address of the | e registered agent are: | | | | | | |
| Alexander Johnson | 1 | | | | | | |
| Name | | | | | | | |
| 800 SE 3rd Ave, S | uite 300 | | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | | | |
| Ft. Lauderdale | FL ³³³¹⁶ | | | | | | |
| 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 jurther 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)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Michea Papp P.O. Box 6481 Gainesville, Ga, 30504 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 30, 2021 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.) ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.S17.155, F.S.)

Michea Papp

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)

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, 3r, Dr. Atlanta, Georgia 303, 4-1530

Annual Registration

Electronically Filed Secretary of State

Filing Date: 03/25/2021 12 34:19

BUSINESS NAME

: REALTY SOURCE I, LIC

CONTROL NUMBER

: 15070179

BUSINESS TYPE

: Domestic Limited Liability Company

ANNUAL REGISTRATION PERIOD :

PRINCIPAL OFFICE ADDRÉSS

: PO Box 6481, Gainesville GA, 30504, USA

REGISTERED AGENT NAME:

: RUSSELL LOVE

REGISTERED OFFICE-ADDRESS

: 201 17th Street NW, Suite 1700, ATLANTA, GA, 30363, USA

REGISTERED OFFICE/COUNTY

: Fulton

PRINCIPAL OFFICE ADDRESS

: PO Box 6481, Gainesville GA, 30504, USA

REGISTERED AGENT NAME

: RUSSELL LOVE

REGISTERED OFFICE ADDRESS

: 201 17th Street NW, Suite 1700, ATLANTA, GA, 30363, US v

REGISTERED OFFICE COUNTY

: Fulton

AUTHORIZER SIGNATURE

: Russell Love

AUTHORIZER TITLE

: Registered Agent

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

Annual Registration

Electronically Filed
Secretary of State

Filing Date: 03/25/2021 12 54:19

BUSINESS NAME

: REALTY SOURCE L. LLC

CONTROL NUMBER

: 15070179

BUSINESS TYPE

: Domestic Limited Liability Tompany

ANNUAL REGISTRATION PERIOD : 2021

PRINCIPAL OFFICE ADDRESS

: PO Box 6481, Gainesville, GA, 30504, USA

REGISTERED AGENT NAME

: RUSSELL LOVE

REGISTERED OFFICE ADDRESS

: 201-17th Street NW, Suite 1700, ATLANTA, GA, 30363, USA

REGISTERED OFFICE COUNTY

: Fulton

PRINCIPAL OFFICE ADDRESS

: PO Box 6481. Gainesville GA, 30504, USA

REGISTERED AGENT NAME

: RUSSELL LOVE

REGISTERED OFFICE ADDRESS

: 201 17th Street NW, Suite 1700, ATLANTA, GA, 30363, USA

REGISTERED OFFICE COUNTY

: Fulton

AUTHORIZER SIGNATURE

: Russell Love

AUTHORIZER TITLE

: Registered Agent