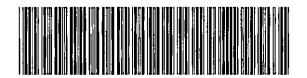
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# **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: HOME AND CASTLE PROPE	ERTIES LLC	
(Name of	Resulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:	
Anthony Morales		
(Contact Person)		
MyUSACorporation.com		
(Firm/Company)		
1 Radisson Plaza, Suite 800		
(Address)		
New Rochelle, New York, 10801		
(City, State and Zip Cod	e)	
info@myusacorporation.com		
E-mail Address: (to be used for future annua	report notifications)	
For further information concerning this	matter, please call:	
Anthony Morales	at ( <sup>877</sup>	330-26-77
(Name of Contact Person)	(Area Code)	) 330-26-77 (Daytime Telephone Number)
Enclosed is a check for the following and dollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$\begin{align*} \$155.00 Filing Fee and Certificate of Status	es S180.00 Filing and Certified Cop	<del></del>
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address:  New Filing Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810

Tallahassee, 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 filing of the Articles of Conversion is:  HOME AND CASTLE PROPERTIES LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
05/03/2007 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:
HOME AND CASTLE PROPERTIES, 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 18th day of May	20 <u>21</u>
Signature of Authorized Representative of Limi	ted Liability Company:
a /est	
Signature of Authorized Representative:	
Printed Name: Keith R. Wills	Title: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Printed Name: Keith R. Wills	Title: Member
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Cionatara:	
Signature:Printed Name:	Title
i lined (vanie.	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 In-	
in the second of the second and the	corporator musi sign.
If Florida General Partnership or Limited Liabili Signature of onc General Partner.	ty Partnership:
If Florida I imited Doutnership on I imited I tabili	to I facile d Basto and to
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnersmp:
Signatures of ALLE General Factoris.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	` <b>,</b> , , , , , , , , , , , , , , , , , ,

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is	<b>s</b> :	
HOME AND CASTLE PRO		lity Company, "L.L.C.," or "LLC."	<del></del>
(Masi conte	mi me words Emmed Emor	inty company, L.L.C., or CLC.	,
ARTICLE II - Address			
The mailing address and	street address of the	principal office of the Lim	ited Liability Company is:
Principal Office Addre	ss:	Mailing Address:	
3408 56th St W		3408 56th St W	
Lehigh Acres, FL 33971	<del></del>	Lehigh Acres, FL 33971	<u> </u>
	cannot serve as its own Reg lorida registration.)	ed Office, & Registered / istered Agent. You must designate e registered agent are:	
	Keith	Wills	
	Nar	me	
3408	56th St W		
Flo	rida street address (P.	O. Box NOT acceptable)	
Lehig	h Acres	FL <sup>33971</sup>	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

A STATE OF THE STA

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

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felt as provided for in s.817.155, F.S.  Keith R. Wills  Typed or printed name of signee Filing Fees	"AMBR" = Authorized Member	
AMBR  Keith R. Wills  3408 56th St W Lehigh Acres, FL 33971  AMBR  Jo Ellen Janson-Wills  3408 56th St W Lehigh Acres, FL 33971  (Use attachment if necessary)  CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree feld as provided for in s.817.155, F.S.  Keith R. Wills  Typed or printed name of signee  Filing Fees		
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Lehigh Acres, FL 33971  Jo Ellen Janson-Wills 3408 56th St W Lehigh Acres, FL 33971  (Use attachment if necessary)  ELE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware the any false information submitted in a document to the Department of State constitutes a third degree feld as provided for in s.817.155, F.S.  Keith R. Wills  Typed or printed name of signee Filting Fees	AMBR	
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