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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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### **COVER LETTER**

TO:	New Filing S Division of C				
SUB.	JECT: Apps Pro	operties LLC			
305	JEC1	(Name of Re	sulting Florida Lin	nited Cor	mpany)
					nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Pleas	se return all corr	espondence concernin	g this matter to	:	
Terer	nce Apps				
		(Contact Person)	<del></del>	_	
Apps	Properties LLC				
		(Firm/Company)		_	
117	67 S Div	e Achony =44	) 7-		
	<u> </u>	e Hishwuy #4; (Address)		<del></del>	
	necvest, FL				
	(	City, State and Zip Code)			
apps	properties@aol.c	om			
E-	mail Address: (to b	oe used for future annual re	port notifications)	_	
For fi	urther informati	on concerning this ma	tter, please call	<del>.</del>	
Terer	nce Apps		_at (	910-	6565
	(Name of Conta	act Person)	(Area Cod	e) (Da	6565 ytime Telephone Number)
		for the following amou a bank located in the		proces	sed by this office must be payable in US
(\$25 f	50.00 Filing Fees for Conversion 15 for Articles ganization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632	ection Corporations		New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314

## **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:  Apps Properties LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Nevada
(Enter state, or if a non-U.S. entity, the name of the country)
02/07/2017 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:
Apps 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 28	day of February	20_22
	horized Representative of Lin	
Signature of Auth	orized Representative:	w. 9M
Printed Name: Tere	orized Representative:	Title: Member
		[See below for required signature(s)]
Signature:	1 W CM	
Printed Name: Ter	ence Apps	Title: Member
Cianatura:		
Printed Name:		Title:
Signature:		
Printed Name:	<del></del>	Title:
Signature:		
Printed Name:		Title:
Printed Name:		Title:
rimed Name		
Signature:	_ <del></del>	Title:
Printed Name:		Title:
If Florida Corpor	ration:	
	man, Vice Chairman, Director, or	· Officer.
If Directors or Off	icers have not been selected, an I	ncorporator must sign.
If Florida Genera	l Partnership or Limited Liabi	lity Partnershin
Signature of one G		ter Justice 300 p.
If Florida Limited	<u>d Partnership or Limited Liabil</u> General Partners.	ity Limited Partnership:
Signatures of ALL	Ocheral Farmers.	
All others:		
Signature of an au	thorized person.	
Fees:		
Articles of	Conversion:	\$25.00
Fees for F	lorida Articles of Organization:	\$125.00
Certified (		\$30.00 (Optional)
Certificate	of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Apps Properties LLC  (Must contain the words "Limited Liability 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:
Pirecrest, FL 33156 Pivecrest, FL 33156
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:
Ann Weller
Name
2600 S. Douglas Road, Suite 805
Florida street address (P.O. Box <u>NOT</u> acceptable)
Coral Gables FL 33134
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 as 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-

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

"ANADD" — Authorized Manches		
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Terence Apps	
, with	11767 S. Dixie Hymuxu	1#42
	PINECYPST, FL 33156	<del>  \                                   </del>
MGR	Alisa Apps	
	11767 S Dixe Highway +	+427
	Fine Crest, FL 33156	<del></del> -
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(Use attachment if necessary)  LE V: Other provisions, if any.		
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LE V: Other provisions, if any.		
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LE V: Other provisions, if any.	Lw. Om	
LE V: Other provisions, if any.	J.w. om	
REQUIRED SIGNATURE:  Signature of a member of	an authorized representative of a men	mber
Signature of a member of This document is executed in accordance.	e with section 605.0203 (1/(b), Florida Statutes.	mber I am aware
E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	an authorized representative of a mere with section 605.0203 (1) (b). Florida Statutes. Iment to the Department of State constitutes a thi	mber I am aware
Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605.0203 (1/(b), Florida Statutes, iment to the Department of State constitutes a thi	mber I am aware
Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605.0203 (1/(b), Florida Statutes, iment to the Department of State constitutes a thi	mber I am aware
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1/(b), Florida Statutes.	mber I am aware