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(Requestor's Name)		
(Address)		
(Addre	ess)	
(City/S	state/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
		}

Office Use Only



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COVER LETTER

то:	New Filing Section Division of Corporations				
SHR.	JECT: GOLDMINE HOMES, LLC				
300		esulting Florida Li	mited Cor	mpany)	
	enclosed Articles of Conversion, Artiness Entity" into a "Florida Limited I				
Pleas	e return all correspondence concernie	ng this matter to) :		
Antho	ony Morales				
	(Contact Person)				
MyUS	SACorporation.com				
-	(Firm/Company)				. 20
1 Rac	lisson Plaza, Suite 800				122
	(Address)		_		2022 KAR
New	Rochelle, NY 10801				22 m
	(City, State and Zip Code)				
info@	myusacorporation.com				- ω
E-	mail Address: (to be used for future annual r	eport notifications)		3: 17
For fi	urther information concerning this m	atter, please cal	l:		
Antho	ny Morales	at (<u>877</u>	3302	2677	
	(Name of Contact Person)	(Area Coo	de) (Daj	ytime Telephone Numbe	er)
	osed is a check for the following amors and drawn on a bank located in the		s proces	sed by this office mu	ıst be payable in US
(\$25 for \$12	50.00 Filing Fees or Conversion 5 for Articles anization) \$\int \frac{1}{3}\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filis and Certified C		□\$185.00 Filing Fee Certified Copy, and Certificate of Status	s.
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C	et Address: Filing Section Sion of Corporations Centre of Tallahassee N. Monroe Street, S hassee, 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.

GOLDMINE HOMES, LLC (Enter Name of Other Business Entity)	·		
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	LIMITED LIABILITY COMPANY		
(Enter entity type. Example: corporation, limited partnership, general partnership,	ership, common law or business trust, etc.)		
First organized, formed or incorporated under the laws of	U.S. entity, the name of the country)		
07/14/2010 on	,		
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the at	tached Articles of Organization:		
GOLDMINE 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 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 require document's effective date on the Department of State's records.	-		
5. The plan of conversion has been approved in accordance with all applical	ble statutes.		
 The "Converted or Other Business Entity" has agreed to pay any members he which such members are entitled under ss. 605.1006 and 605.1061-605.1072 	aving appraisal rights the amount to 2, F.S.		
	~>		
	022 HAR		
	ETEEC 2022 HAR 22 PF		

Signed this 16TH day of MARCH	20 <u>_22</u>			
Signature of Authorized Representative of Limi	ted Liability Company:			
Signature of Authorized Representative	ay-			
Printed Name: LESLIE GOLDBLOOM	Title: MEMBER	•		
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)			
Signature:				
Printed Name: LESLIE GOLDBYOOM	Title: MEMBER	•		
Signature:				
Printed Name:		,		
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 C				
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:	· <u>-</u>	2022 HJ	
All others: Signature of an authorized person.		: · ·	HAR 22	CH.ED
Fees:			PH 3:	Ö
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		: 17	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is	::	
	GOLDMINE HO		
(Mus	st contain the words "Limited Liabil	ity Company, "L.L.C.," or "LL	C.I')
ARTICLE II - Add The mailing address		orincipal office of the Li	mited Liability Company is:
Principal Office A	ddress;	Mailing Address:	
6919 N CALUMET C	IRCLE	6919 N CALUMET CI	RCLE
LAKE WORTH, FL 33	3467	LAKE WORTH, FL 33	467
business entity with an ar	ripany cannot serve as its own Registration.) Torida street address of the	registered agent are:	tte an individual or another
	LESLIE GOLD		
	Nam	ic	
	6919 N CALUME		
	Florida street address (P.C	D. Box <u>NOT</u> acceptable)
	LAKE WORTH	FL 33467	
	City	Zip	- -
liability compa registered agent a statutes relating	iny at the place designated i and agree to act in this capa to the proper and complete igations of my position as re	in this certificate, I hereb city. I further agree to c performance of my dutte egistered agent as provid	ess for the above stated limited by accept the appointment as omply with the provisions of all es, and I am familiar with and led for in Chapter 605, F.S
	(CONTIN	NUED)	202

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	LESLIE GOLDBLOOM
	6919 N CALUMET CIRCLE
	LAKE WORTH, FL 33467
AMBR	CARMINE APPICE
	6919 N CALUMET CIRCLE
	LAKE WORTH, FL 33467
(1) an attachment (6	
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V. Outer provisions, it any.	
	
REQUIRED SIGNATURE:	2
	$\mathcal{C} \mathcal{V}$
X /X	
Signature of a member of	r an authorized representative of a member
This document is executed in accordant	ce with section 605.0203 (1) (b), Florida Statutes. I am aware tha
any false information submitted in a doc as provided for in s.817.155, F.S.	cument to the Department of State constitutes a third degree felon
	LESLIE GOLDBLOOM
	CESEIE GOEDOCOOIN

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent ***stion and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)

\$ 22 PM 3: \$ 30.00 Certified Copy (Optional)