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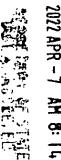
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Ñar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

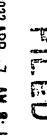
Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
SUBJ	ECT: Homeun	ted LLC			
0000			ulting Florida Lin	nited Con	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to	:	
Georg	e Miller				
		(Contact Person)		_	
Law O	ffice of Miller & I	Miller, P.A.			
	<u>-</u>	(Firm/Company)		-	
3101 N	N. Federal Highw	ay, Suite #606			
	 -	(Address)		_	
Fort La	auderdale, FL 33				
		City, State and Zip Code)		_	
trev@!	۰) treymillerlaw.con	•			
		e used for future annual re	nort notifications		
15-11	iaii Address. (to b	e used for future affilial re	port notifications)		
For fu	rther information	on concerning this ma	tter, please call	:	
Georg	e Miller		_at (981-9	9301
	(Name of Conta	ct Person)	(Area Cod	e) (Day	rtime Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filir and Certified Co	_	□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C	ection		New	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS11 (7/17)

Tallahassee, FL 32314

P.O. Box 6327

<u>Articles of Conversion</u> 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

(Enter Name of Other B	usiness Entity)
2. The "Other Business Entity" is a	
(Enter entity type: Example: corporation, limit	ed partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the la	Florida ws of
	(Enter state, or if a non-U.S. entity, the name of the country)
September 3, 2019 on .	
(date of organization, formation or incorporation)	
•	any as set forth in the attached Articles of Organization
Homeunited LLC	
(Enter Name of Florida Limited I	Liability Company)
4. If not effective on the date of filing, enter the effe	Date of Filing
(The effective date: Cannot be prior to date of re the date this document is filed by the Florida Dep	ceipt or filed date nor more than 90 calendar days afte
document's effective date on the Department of State's record	S.
5. The plan of conversion has been engraved in according	ordance with all applicable statutes.
5. The plan of conversion has been approved in acce	• •

Signed this 6 day of April	20.77
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: (Aeoge h)	Tille: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: George Miller	_Title: _Secretary
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	m'd
Printed Name:	litle:
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Title
Timed ivanic.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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 LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Homeunited LLC	
	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
D. I. LOSS ALL	
Principal Office Address:	Mailing Address:
3101 N. Federal Highway, Suite #606	3101 N. Federal Highway, Suite #606
Fort Lauderdale, FL 33306	Fort Lauderdale, FL 33306
	red Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Law Office of Miller & Mille	r, P.A.
Na	ame
3101 N. Federal Highway,	Suite #606
Florida street address (f	P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL 33306
City	Zip
	nd to accept service of process for the above stated limite

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-

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Dunas Mallas
AMBR	Duane Mellor
	3101 N. Federal Highway, Suite #606
	Fort Lauderdale, FL 33306
AMBR	George Miller
	3101 N. Federal Highway, Suite #606
	Fort Lauderdale, FL 33306

	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	a C
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree fe
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)