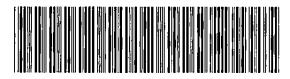
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(Re	questor's Name)	
(Ad	ldress)	
,	,	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	
☐ PICK-UP	WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Cortificator of	Status
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations			
SUBJECT: APPLE RENOVATION SERVICE	S , LLC		
(Name of Resu	ulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Articl Business Entity" into a "Florida Limited Lia	_		
Please return all correspondence concerning	g this matter to:		
ELIAZAR CONTRERAS			
(Contact Person)			2:-
(Firm/Company) 131 CTRAEN DR			C3 C47.9
(Address)			
DAVENPORT, FL 33897			ن ب
(City, State and Zip Code) contreraseliazar@gmail.com			50
E-mail Address: (to be used for future annual rep	port notifications)		
For further information concerning this mat	ter, please call:		
ELIAZAR CONTRERAS	at (8002879	
(Name of Contact Person)		(Daytime Telephone Number)	
Enclosed is a check for the following amous dollars and drawn on a bank located in the l		rocessed by this office must be paya	ible in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$180.00 Filing and Certified Cop		
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 At	rticles of Conversion is:
APPLE RENOVATION SERVICES INC	incles of Conversion is.
(Enter Name of Other Business Entity)	; ;
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, co	
(Enter entity type. Example: corporation, limited partnership, general partnership, co	mmon law or business trust, etc.)
First organized, formed or incorporated under the laws of	<u>ా</u> స
(Enter state, or if a non-U.S, entity	the name of the country)
01/22/2019 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:
APPLE RENOVATION SERVICES 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 that 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 document's effective date on the Department of State's records.	an 90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable status	tes.

- 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.

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	:	
APPLE RENOVATION SERVICES, LLC (Must contain the words "Limited Liability)	ity Company. "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
131 CRAEN DR DAVENPORT, FL 33897	131 CRAEN DR DAVENPOR	T, FL 3385
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
ELIAZAR CONTRERAS	roginered agont me.	;
Nam	ne	
131 CRAEN DR		Pii 3: 50
Florida street address (P.C	D. Box NOT acceptable)	<u>ښ</u>
DAVENPORT	7 33897 FL	50
City	Zip	
Having been named as registered agent and liability company at the place designated to registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acception of the city. I further agree to comply a performance of my duties, and	pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

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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	ELIAZAD CONTREDAC
AMBR	ELIAZAR CONTRERAS
	131 CRAEN DR DAVENPORT, FL 33897
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(Use attachment if necessary)	3:50
	~
LE V: Other provisions, if any.	
DECHIDED CLCMATUDE	
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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ELIAZAR CONTRERAS

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)