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(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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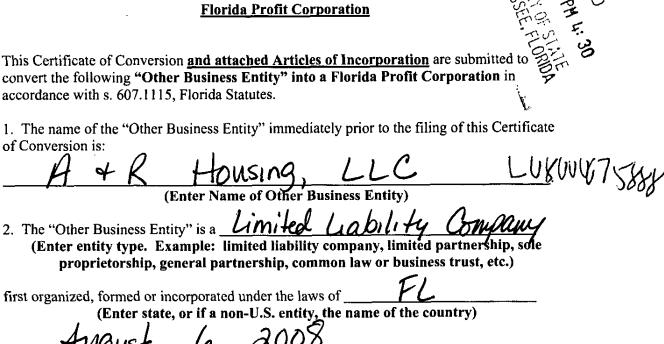
EXAMINER

· COVER LETTER .

Division of Co		. 1	0	
SUBJECT:	A + K (Name of Resulting	Housing g Florida Profit Corporation)	Corp	
			and fees are submitted to on" in accordance with s.	
Please return all corres	spondence concerning	g this matter to:		
Rene	L. Will	iams	109 A	
A + R Housing, LLC (Firm/Company)				
PO BOX 742				
Apalachu	(Address) Colo, FC ity, State and Zip Code)	32329		
For further informatio	n concerning this mat	tter, please call:		
Kene (Name of Cont	Williams tact Person)	_at (ime Telephone Number)	
Enclosed is a check for	or the following amou	nt:		
\$105.00 Filing Fees	☐ \$113.75 Filing Fees and Certificate of _ Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	5:	MAILING A	DDRESS:	
Registration Section Division of Corporatio Clifton Building 2661 Executive Cente		Registration S Division of Co P. O. Box 632 Tallahassee, F	orporations 7	

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into



3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

(Enter date *Other Business Entity" was first organized, formed or incorporated)

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 9th day of March	, 20 <u>09</u> .			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: M. W.	fficer wif Directors or Officers have not			
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: All L. Williams	Title: CO-Chairman			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)			
Certificate of Status:	\$8.75 (Optional)			

A + R Housing ## Corporation
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 206 1244 ST PO BOX 742 Apalachicola, R 32329
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Rent house's Now, possibly Apartments later
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(cs) and specific title(s): Anderson M. W. Illiams - Chairman Rene L. Williams - Co-chairman PO BOX 742 Apalachicola FC 32329
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Rene L. Williams 206 12th 5t Apalachicula R 32320

ARTICLES OF INCORPORATION

<u>NAME</u>

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Anderson M. Williams	
206 124 ST	
ADOG 12th ST Apalachicola, FL 32320	•
**************	******
Having been named as registered agent to accept service of pro- designated in this certificate, am familiar with and accept the app	cess for the above stated corporation at the place ointment as registered agent and agree to act in this
capacity/	, /
Deulle	3/9/09
Signature/Registered Agent	/Date
Aus Ulbe	3/9/09
Signature/Incorporator	Date

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