

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number))
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COVER LETTER

TO:	Charter Section Division of Cor					
SURI	FCT: Action Prop	erty Solutions, Inc.				
3000		Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert and 15, F.S.	"Other Business
Please	return all corresp	oondence concerning this	s matter to:			
Willia	m Byrne					
		Contact Person		-		
N/A						
		Firm/Company		=		
11455	Gulf Boulevard, #4	400	•			
	<u> </u>	Address		-		
Treasu	ire Island, Florida 3	33706				
		City, State and Zip Code	e	-		
Bbyrn	e@apsusa.info					
	E-mail address: (t	o be used for future anni	ual report notifica	ition)		
For fu	rther information	concerning this matter,	please call:			
Shivo	n Patel, Esq.		_at (322-3	003	
	Name of Co	ontact Person	Area C	ode and	I Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
3 \$10		□\$113.75 Filing Fees and Certificate of Status			☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Clifton	ET ADDRESS: Filings Section on of Corporation Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following	ات ng ≝O th	er
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is		
Action Property Solutions, Inc.		
Enter Name of Other Business Entity Corporation	2: 04	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of Nevada		
(Enter state, or if a non-U.S. entity, the name of the country)		
09/16/2013 on .		
Enter date "Other Business Entity" was first organized, formed or incorporated		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of whic organized, formed or incorporated:	h it is no	эw
Nevada		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Action Property Solutions Inc.		
Action Property Solutions, Inc.		
Enter Name of Florida Profit Corporation		
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 Fl	orida
Department of State; AND 2) must be the same as the effective date listed in the attached Articles of In		
if an effective date is listed therein.)	-	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we listed as the document's effective date on the Department of State's records	II not b	e

Signed this 12 day of MAY	, 20 15
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: 4/11/14 T By Date 1	PRESILENT
Required Signature(s) on behalf of Other Business E	· · · · · · · · · · · · · · · · · · ·
Signature: WTBux	
Printed Name: William T ByRNS	Title: President
Signature: (A-A)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Printed Name: Laurie A. Byrne	Title: TREASURER DE F
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	imited Partnership:
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: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE I NAME Action Property Soluti	ions, Inc.
The name of the corporation shall be: Action Property Solution	ioni, ne.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	ions, Inc.
Principal street address 11455 Gulf Boulevard, #400	Mailing address, if different is:
Treasure Island, Florida 33706	<u> </u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Real Estate Investments.	
	- The state of the
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIS	RECTORS
Name and Title: William T. Byrne, President	Name and Title: Laurie A. Byrne, Vice President
Address: 11455 Gulf Boulevard, #400	Address: 11455 Gulf Boulevard, #400
Treasure Island, Florida 33706	Treasure Island, Florida 33706
Name and Title:	Name and Title:
Address:	Address:
News and Title	
Name and Title:	Name and Title:
Address:	Address:

Willi	iam T. Byrne				E C	
	5 Gulf Boulevard, #400	-		The state of the s	Y 20	
	sure Island, Florida 33706	-		- (-) - (-) - (-)	PH	1;
LE VII		-			2: 04	
<u>e and a</u>	address of the Incorporator is:			55	ţ	
Willi	iam T. Byrne			£.·		
1145 ss:	55 Gulf Boulevard, #400					
Treas	sure Island, Florida 33706					,
been na tificate, I	**************************************	rvice of process for the above so pointment as registered agent a	ated corporation at nd agree to act in thi	the place s capacii	e design ty	nated in
been nai ificate, I	med as registered agent to accept se	rvice of process for the above so pointment as registered agent a	tated corporation at	the place is capacii	e design ty	nated in
g been na ertificate, I Req nit this doc	med as registered agent to accept se I am familiar with and accept the ap	rvice of process for the above so pointment as registered agent and ded herein are true. I am awar	tated corporation at and agree to act in this section to be section at the sectio	s capacii	ty	
theen name tificate, I Require this documents	med as registered agent to accept see am familiar with and accept the appuired Signature/Registered Agent cument and affirm that the facts sta	rvice of process for the above so pointment as registered agent and ded herein are true. I am awar	tated corporation at and agree to act in this section to be section at the sectio	s capacii	ty	

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