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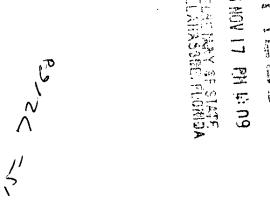
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(23), 2333, 733,
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Sibe 6 I MONORES

COVER LETTER

Division of Corporations	
SUBJECT: Roal Cotate Recovery Inc. Name of Resulting Florida Profit Corporation	
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Othe Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.	r Business
Please return all correspondence concerning this matter to:	
Roberta Myers Contact Person	
Real Fotate Recovery, Inc. Articles of Nevada S Firm/Company Their for EIN inclu	Comp & IRS ded.
1401 Julie Lagoon Rd. Address	
Lutz I ² L 33549 City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Berson at (407) to 16-343 Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$105.00 Filing Fees and Certificate of Status \$\square\$	

TO:

Charter Section

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2015

ROBERTA MYERS 1401 JULIE LAGOON RD LUTZ, FL 33549

SUBJECT: REAL ESTATE RECOVERY, LLC

Ref. Number: W15000072160

We have received your document for REAL ESTATE RECOVERY, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in both the Certificate of Conversion and Articles of Incorporation is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 615A00023125

Nov 10, 2015

Florida Dept of State
Division of Corporations
Regulatory Dept
PO Box 6327
Tallahassee FL 32314

Regarding your letter # 615A00023125 raising concerns over my request to recertify my entity Real Estate Recovery, Inc. a Nevada S Corp. to Florida S Corp.

As discussed in a phone call of November 10, 2015, I am sending this notarized letter identifying that I, Roberta Myers, own the Florida LLC known as Real Estate Recovery, LLC and I give permission to the state of Florida to allow the entity known as Real Estate Recovery, Inc., an S Corp. created in Nevada, to be recertified as a Florida S Corp. preserving the name, Real Estate Recovery, Inc. as well as the EIN and any other identifications recognized by the IRS.

Roberta Myers

Owner: Real Estate Recovery, LLC (Florida LLC)

Owner: Real Estate Recovery, Inc. (Nevada S Corp)

STATE OF Florida COUNTY OF PASCO ss:
On November 12 th , 20 <u>15</u> , before me, <u>Erin Broderick</u> , a notary
public in and for said state personally appeared <u>FODERTA MYCS (FLDL MV20-732-57-WHO)</u> , personally known to me (or proved to me based upon satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that (s)he/they executed the same in his/her/their signature on the instrument the person(s) or entity on behalf of which they acted, executed the instrument.
Witness my hand and official seal ERIN BRODERICK MY COMMISSION # FF 897940 EXPIRES. July 12, 2019 Bonded Thru Notary Public Underwriters
NOTARY PUBLIC

My commission expires <u>JWY 12, 2019</u>

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other 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:
Real Estate Recovery Inc. Enter Name of Other Business Entity
Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a New add S Coro
(Enter entity type. Example: limited liability company, limited partnership,
general parinership, common law or business irus! etc. 2 ' ' "
first organized, formed or incorporated under the laws of Novo do (Enter state, or if a non-U.S. entity, the name of the country)
first organized, formed or incorporated under the laws of Novada (Enter state or if a non U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on $4-4-12$
on 4-4-13 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 which it is now organized, formed or incorporated:
Still Nevada
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Real Estate Recovery Inc. Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) council he prior to non more than 00 days effect the date this decorporat is filed by the Florida.
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation
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 will not be
listed as the document's effective date on the Department of State's records.

Signed this 22 day of October	, 20 16.			
Required Signature for Florida Profit Corporation	<u> </u>	·		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Required Signature(s) on behalf of Other Business	Dw nex / Director / Mc Entity: [See below for required signature(s	3.1	ed, an	
Signature: Roberta Myers Printed Name: Date Sta MANGES				
Printed Name: Roberto Myers	Title: Director			
Signature:				
Printed Name:	Title:	<u>.</u>		٠
Signature:		±i,		
Printed Name:	Title:		₹	*****
Signature:		HAS:	NOV IT	arrando
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Signature:		STA	- 	
Printed Name:	Title:	A	ं ठ्	
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited 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)			

Page 2 of 2

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

ARTICLE I NAME The name of the corporation shall be: Raal 65	tate Recovery, inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	3,
Principal street address	Mailing address, if different is:
1401 Julie Lagoors Rd Lut 2 FL, 33549	1401 Lulie Lagoon Rd Lutz, FL 83549
The purpose for which the corporation is organized is:	
Roal Estate investment	<u> </u>
	The:
	FIST SO
ARTICLE IV SHARES The number of shares of stock is:	—
ARTICLE V INITIAL OFFICERS AND/OR DIRE	
Name and Title: Roberta Myors Owner Address: 1401 Julie Lagoon Lutz, FL 33549	Name and Title: DITECTOR Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

. • .				
	T REGISTERED AGENT			
The <u>name and</u>	d Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Name:	Loberta My crs			
Address: 1	401 Julie Lagoon Rd		<u>ت</u> تا	estatifical
٦	utz, FL 33549	書記 記記	* 09 –	3 E
ARTICLE V	II INCORPORATOR	設さ	7	1
The name and	d address of the Incorporator is:		72	i i i
Name:	Roberta Myers	記る		
Address: 1	401 Julie Lagoon Rd	>	(D	
	Lutz FL 33549			
	**************************************			esignated in
R	equired Signature/Registered Agent Det 22, 20 Date	16	-	
	document and affirm that the facts stated herein are true. I am aware that any false inf he Department of State constitutes a third degree felony as provided for in s.817.155, F.S		ion su	bmitted in a
Roh	equired Signature/Acorporator Date	>15	ب	