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| (Reque | estor's Name) | | |
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| (City/S | tate/Zip/Phone #) | | |
| PICK-UP | WAIT | MAIL | |
| (Busine | ess Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATES
FALLAHASSEE, FLORIDA
AB

DEC 27 2017 T SCHROEDER

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: BUNG | NY APPRAISAL GROUP, IN | IC. | |
|-----------------------|---|---------------------------------------|---|
| | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation an | d a check for: |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee. Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | OPY REQUIRED |
| FRОМ: <u>-</u> R | OBERT L. TAUFER | e (Printed or typed) | |
| <u>3</u> 1 | 9 JOHN KING RD | Address | |
| CF | CESTVIEW, FL 32539 City | State & Zip | |
| | · | Telephone number | |
| <u>13 c</u> | NNYAPPRAISALGROUP & E-mail address: (to be use | ed for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

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 "Other

| Business Entity" into a Florida Profit Corporation in accordance with s. 607,1115, Florida Statut | es. | e e | |
|---|--|--------------------|-------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Cor | version is | 8: | |
| BUNNYAPPRAISAL GROUP, LIC UI-62558 | | | |
| Enter Name of Other Business Entity | | | |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (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 FLORIDA (Enter state, or if a non-U.S. entity, the name of the country) | | | |
| on Mpy 27, 2011 Enter date "Other Business Entity" was first organized, formed or incorporated | .i | | |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated: | | h it is | now |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> | <u>n:</u> | | |
| BUNNY APPRAISAL GROUP, ZNC. Enter Name of Florida Profit Corporation | | | |
| 5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2018 (The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records. | | | |
| | SECREJARY OF STATE FALL AHASSEE, FLORIDA | 17 DEC 25 AMID: 22 | FILED |

| Signed this 22ND day of DECEMBER. | . 20.17. | |
|---|---|---|
| Required Signature for Florida Profit Corpora | <u>ition:</u> | |
| Signature of Chairman, Vice Chairman, Director, Incorporator: Robert L Taufer Printed Name: ROBERT L TAUFER Title: Re | Officer, or, if Directors or Officers have no | t been selected, an |
| Required Signature(s) on behalf of Other Busin | ness Entity: [See below for required signat | .ure(s).] |
| Signature: Robert LTanger | | |
| Printed Name: ROBERT L TAUFER | Title: MANAGER | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| Signature: | | _ |
| Printed Name: | Title: | |
| Signature: | | 17 D SEGR |
| Printed Name: | Title: | FI DEC 21 GRETAF JAHAS |
| Signature: | | |
| Printed Name: | Title: | AMID: 2 |
| Signature: Printed Name: Signature: Printed Name: If Florida General Partnership or Limited Lia Signature of one General Partner. | ability Partnership: | - 5.5° - 6.9° - 6.9° - 6.9° - 7.1° - |
| If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners. | bility Limited Partnership: | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representa | ative. | |
| All others: Signature of an authorized person. | | |

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy:

Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

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

| Principal street address | Mailing ac | ddress, if different is: |
|---|-----------------------------------|---------------------------------------|
| 319 JOHN KING RD | | |
| CRESTVIEW, FL 32539 | | 1000 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL | ESTATE APPRAISAL | SERVICES |
| | | |
| | | |
| | | |
| | | 26 A |
| The number of shares of stock is: 10,000 | | D H IO: 23 STATE FLORID, |
| <u> ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS</u> | | ····································· |
| Name and Title: | Name and Title: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address | | |
| Name and Title: | | |
| Name and Title:Address | Address: | |
| Name and Title:Address | Address: Name and Title: Address: | |
| Name and Title: Address Name and Title: | Address: | |
| Name and Title: Address Name and Title: Address | Address: Name and Title: Address: | |

| Name : Addre | | Name and Title:Address: | |
|------------------------------------|---|--|------------|
| | | | |
| ARTICLE VI | REGISTERED AGENT Florida street address (P.O. Box NOT acceptab | e) of the registered agent is: | |
| Name: | ROBERT L TAUFER | — Pro → | |
| Address: | 319 JOHN KINGRD | | |
| | CRESTVIEW, FL 32539 | DEC 26 CRETARI LAHASSI | = 11 |
| <u>ARTICLE VII</u> | INCORPORATOR | DEC 26 AM 10: 24 CRETARY OF STATE LAHASSEE, FLORIDA | ILED |
| The name and | address of the Incorporator is: |): 21 ORIC ORIC | |
| Name: | ROBERT LTAUFER | <u> </u> | |
| Address: | 319 JOHN KINGRD | | |
| | CRESTVIEW, FL 32539 | | |
| Effective date. | if other than the date of filing: JANUARY e date is listed, the date must be specific and e | , る어용 (OPTIONAL) annot be more than five days prior or 90 days after th | ne |
| Note: If the dathe document's | ate inserted in this block does not meet the applic s effective date on the Department of State's reco | able statutory filing requirements, this date will not be liords. | sted as |
| Having been n this certificate, | named as registered agent to accept service of p , I am familiar with and accept the appointment | ocess for the above stated corporation at the place designs registered agent and agree to act in this capacity | gnated in |
| Robert | Taufer Required Signature/Registered Agen | 12/22/2017 Date | |
| I submit this o | | are true. I am aware that the false information submi | itted in a |
| Robert | Tarfor quired Signature/Incorporator | 12/22/2017 Date | |