P19000086119

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/22/19--01005---002 **105.00

2819 OCT 22 PH 4: 54 SECRETARY OF LARGE. TALLAHARETE FLARE.

COVER LETTER

TO:	Charter Section Division of Co				
SUBJ	APPLOA	AD HOME BUILDERS INC	:		
0000	EC1	Name of	Resulting Florida Pr	ofit C	Corporation
The er Entity	iclosed Certifica '' iuto a "Florida	te of Conversion, Article: Profit Corporation" in ac	s of Incorporation, as cordance with s. 607	nd fe 7.111	es are submitted to convert an "Other Business 5, F.S.
Please	return all corres	pondence concerning this	s matter to:		
	BRUN	O A LARUSSI			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	Contact Person			
		Firm/Company			
	564 OGFI	THORPE DRIVE			
	3010022	Address			
	DAVENPO	RT, FL 33897			
		City, State and Zip Cod	e		
	iarussi30	@hotmail.com			
E	-mail address: (to be used for future ann	ial report notificatio	n)	
For fur	ther information	concerning this matter,	please cail:		
	BRUNO A	IARUSSI	954 at ()	643-4	831
	Name of C	ontact Person		e and	Daytime Telephone Number
Enclose	ed is a check for	the following amount:			
9 \$ 105	5.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing F and Certified Copy		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Fi Division Clifton 2661 Ex	TADDRESS: lings Section n of Corporation Building secutive Center ssee, FL 32301		Ne Di P.	ew Fi ivisio . O. B	ING ADDRESS: clings Section on of Corporations tox 6327 assee, FL 32314

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 Statutes.

Enter Name of Other Business Entity 2. The "Other Business Entity" is a	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) FLORIDA FLORIDA	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) FLORIDA FLORIDA	
first organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the country)	
07/29/2014	
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 a organized, formed or incorporated:	ow
FLORIDA, USA	
4. The name of the Florida Profit Corporation as set forth in the stached Articles of Incorporation:	
APPLOAD HOME BUILDERS INC	
Enter Name of Florida Profit Corporation	
10/11/2010	
5. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Flo	ida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	LP
Note: If the date inserted in this block does not meet the appricable statutory fining requirements, this date will not listed as the document's effective date on the Department of State's records.	-

Page 1 of 2

Signed this	s <u>11</u>	day of	OCTOBER		20	_ ,
Required	Signature	for Florida Pi	ofit Corporation	<u>:</u>		
Signature of Incorporate Printed Na	of Chairma or: DIEG me: DIE	u, Vice Chairn 60 L PINTO 60 L PINTO	nan, Director, Offi	cer, or, if Directo	ors or Officers hav	e not been selected, an
			f Other Business			
Signature:	15	ruc	pressi			
Printed Na	me:BR	UNO A IARUSS	i 	Title:	CEO	
Signature:						
Printed Na	me:			Title:		
Signature:						
Printed Na	me:			Title:		·
Signature:						
Printed Na	me:			Title:		
Signature:						
Printed Na	une:			Title:	<u> </u>	
Signature:	•	- 			<u> </u>	<u></u>
Printed Na	me:	· 		Title:		
If Florida Signature	General I of one Ger	<u>Partnership or</u> neral Partner.	Limited Liabilit	y Partnershlo:		
		Partnership or General Partner	· <u>Limited Liabilit</u> s.	y Limited Partne	ership:	
If Florida Signature	Limited I	Liability Comper or Authorize	oany: ed Representative.			
All others Signature		orized person.				
F		ру:	Incorporation:	\$35,00 \$70,00 \$8,75 (Option \$8,75 (Option		

Page 2 of 2

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

	PRINCIPAL OFFICE of business/mailing address is:	
	rincipal street address	Mailing address, if different is
		
564 OG	GELTHORPE DRIVE.	564 OGELTHORPE DRIVE,
DAVE	NPORT, FL 33897	DAVENPORT, FL 33897
ARTICLE III		
• •	hich the corporation is organized is:	
Real Estate Develop	oment/ Construction Projects,	
	,	
ARTICLE IV	SHARES	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV STATE The number of shar	es of stock is:	
The number of shar		
The number of shar ARTICLE V I	es of stock is:	
The number of shar ARTICLE V I Name and Title:	es of stock is: NITIAL OFFICERS AND/OR DI	RECTORS Name and Title:
The number of shar $ARTICLE V I$ Name and Title:	es of stock is:	RECTORS
The number of shar ARTICLE V I Name and Title: 5 Address:	NITIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO	RECTORS Name and Title:
The number of shar ARTICLE V I Name and Title: 5 Address:	es of stock is: NITIAL OFFICERS AND/OR DI	RECTORS Name and Title:
The number of shar ARTICLE V I Name and Title: 5 Address: D	NITIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, PAVENPORT, FL 33897	RECTORS Name and Title: Address:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title:	NTIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, DAVENPORT, FL 33897 DIEGO L PINTO & CFO	Name and Title: Address: Name and Title:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title: [NITIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, PAVENPORT, FL 33897	RECTORS Name and Title: Address:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title: [Address:	NTIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, DAVENPORT, FL 33897 DIEGO L PINTO & CFO	Name and Title: Address: Name and Title:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title: [Address:	NTIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, PAVENPORT, FL 33897 DIEGO L PINTO & CFO	Name and Title: Address: Name and Title: Address:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title: Address:	NITIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, DAVENPORT, FL 33897 DIEGO L PINTO & CFO 115 LAKEVIEW DR S, IVEY, GA 31031	Name and Title: Address: Name and Title: Address:
The number of shar ARTICLE V I Name and Title: Address: D Name and Title: Address:	NTIAL OFFICERS AND/OR DI RUNO A IARUSSI & CEO 664 OGELTHORPE DRIVE, PAVENPORT, FL 33897 DIEGO L PINTO & CFO	Name and Title: Address: Name and Title: Address:

	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:			
Name:	BRUNO A IARUSSI				
Address:	564 OGELTHORPE DRIVE	_			
	DAVENPORT, FL 33897	_			
ARTICLI The name	E VII INCORPORATOR and address of the Incorporator is:				
Name:	DIEGO L PINTO				
Address:	Address: 115 LAKEVIEW DR S				
	IVEY, GA 31031				
*******	*******************	****************************			
Having beathis certific	en named as registered agent to accept secate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity			
	Buno Heussi	10/11/2019			
	Required Signature/Registered Agent	Date			
I submit the	nis document and affirm that the facts sto to the Department of State constitutes a to	ated herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.			
<u> </u>					
Required Signature/Incorporator Date					