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Special Instructions to	Filing Officer:	
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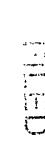
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COVER LETTER

1,

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section Division of Corporations	
SUBJECT: NOAHS ARK F	HOUSING INC
The enclosed Articles of Conversion, Articles of Incorporationtity into a "Florida Profit Corporation" in accordance with	
Please return all correspondence concerning this matter to:	
Otis Forston Contact Person	
Noah's AVK Housing	·
2217 Upland Way	
Tallaha SSEC, FC 32311 City. State and Zip Code	 -
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Name of Contact Person at (850)	oa Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$105.00 Filing Fees \$\Bigcup \\$113.75 Filing Fees and Certificate of and Certificate of \$\text{Status}\$	¥ .
Mailing Address: New Filing Section Division of Corporations	Street Address: New Filing Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



June 30, 2021

OTIS FORSTON 2217 UPLAND WAY TALLAHASSEE, FL 32311

SUBJECT: NOAH'S ARK HOUSING INC.

Ref. Number: W21000073310

We have received your document for NOAH'S ARK HOUSING INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

The titles for a Corporation are President, Vice President, Secretary, Treasurer, Director.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00010846



FILED

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

2021 JUL 27 AM 9: 15

SECRETARY OF STATE TALLAHASHEE, FL

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
NOON'S AVK HOUSING tab LLC Enter Name of the Converting Entity
2. The converting entity is a <u>limited liability Company</u> (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 November 28,3018 Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Moohs Avk Hasing Inc Enter Name of Florida Profit Corporation
isher ivalie of Frontia Front Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 0\\\3\\\2001. (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
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 5th day of April	. 20 26
Required Signature for Florida Profit Corporation	<u>in:</u>
Signature of Director, Officer, or, if Directors or Officer. Printed Name: Otros Forskyn Title:	•
companies: [See below for required signature(s).]	orida partnerships, limited partnerships, and limited liability
Signature: X am farabe	Title: OF MISR President
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 Liabil. Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	e.
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: NOAH'S ARK HOUSING INC

The principal place of business/mailing address is:		
Principal street address 2217 UPLAND WAY	Mailing address, if different is	:
TALLAHASSEE, FL 32311		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
TO OPERATE AND COND	JCT BUSINESS ACTIVIT	IFS
LEGALLY PERMITTED BY		
	THE STATE OF TESTALE	
		SEC ALT
		2
ARTICLE IV SHARES 4		<u>- 27 / 2</u> - 37 中 - 17 / 2
The number of shares of stock is:		 14
ARTICLE V OFFICERS AND/OR DIRECTOR		,.,
Name and Title: OTIS FORSTON, AMPRIL OC	Name and Title:	
Address: 2217 UPLAND WAY	Address:	
TALLAHSSEE, FL 32311	- <u> </u>	<u> </u>
Name and Title:	Name and Title:	
Address:		
	·	
	Name and Title:	
Name and Title:		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

OTIS FORSTON

Address:

2217 UPLAND WAY

TALLAHASSEE, FL 32311

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I gen familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date:

SECRETARY OF STATE