L06090116320

(Regi	uestor's Name)		
(11041)	10010101101		
(Addr	ess)		
(Addr	ess)		
(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Doci	ument Numberj)	
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer			

Office Use Only



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NSD GROUP, LLC		L06000116320	•
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	- ***		-
Thank you!			
() Profit	() Amendment		() Merger
() Nonprofit			
() Foreign	() Dissolution/Withdra	wal	() Mark
	() Reinstatement		
() Limited Partnership	() Annual Report		(X) Other
()LLC	() Name Registration		
	() Fictitious Name		() UCC
() Certified Copy	() Photocopies		() CUS
() Call When Ready	— () Call If Problem		
(x) Walk In	() Will Wait		(x) Pick Up
() Mail Out			
Name	8/1/2014		Order#:
Availability	0/1/2017		9229096
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Examiner	~ =		Ref#:
Updater			
Verifier			
W.P. Verifier			Amount: \$

COVER LETTER

TO: Registration Division of 0	Section Corporations			
SUBJECT: NSD G	Froup, LLC			
		a Limited Liability Compan	ny .	
		ee(s) are submitted to der Business Entity" in a		
Please return all cor	respondence concernir	ng this matter to:		
Andrew Smith				
	Contact Person			
NSDS Group, Inc	·			
	Firm/Company			
800 Yamato Rd, S	Suite 100			
	Address			
Boca Raton, FL 3				
·	City, State and Zip Code			
lisa@nationsafed	rivers.com			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this ma	atter, please call:		
Andrew Smith		at (561) 220	6-3600	
Name of Contact I	Person	Area Code and Day	time Telephone Number	
Enclosed is a check	for the following amo	unt:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of G P. O. Box 63	Division of Corporations	
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314		
Tallahassee, FL 323				

CR2E106 (02/14)

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:				
NSD Group, LLC LOVOOUN6320				
Enter Name of Florida Limited Liability Company				
2. The name of the "Converted or Other Business Entity" is:				
NSDS Group, Inc.				
Enter Name of "Converted or Other Business Entity"				
3. The "Converted or Other Business Entity" is a corporation				
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
organized, formed or incorporated under the laws of Delaware				
(Enter state, or if a non-U.S. entity, the name of the country) an August 1, 2014				
Date of organization, formation or incorporation)				
and the formation document is attached (if applicable).				
and the formation document is attached (if applicable).				
A. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.				
4. The plan of conversion was approved by the converting Florida Limited Liability				

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	800 Yamato Rd, Suite 100				
	Boca Raton, FL 33431				
Mailing Address:	800 Yamato Rd, Suite 100				
	Boca Raton, FL 33431				
7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.					
Signed this 1st	day of August	, 20			
Signature: Must be signed by a Member or Authorized Representative					
Printed Name: Andr	rew SmithTitle	: Authorized Representative			
Fees: Filing Fee: Certified Cop Certificate of	·				

Page 2 of 2

SECRETARY OF STATE