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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

| TO: | Registration S Division of C | | | | | |
|---------------------------|--|--|-----------------------------------|------------------------------|---|---------------------------------------|
| SUBJ | ECT: Norbe | ck Associates, LL (Name of Resulting | .C Florida Limited (| Company) | | _ |
| accord | rt an "Other Bu dance with s. 60 | cate of Conversion, Ar siness Entity" into a "08.439, F.S. | ticles of Orgar Florida Limite | nization, d Liabil | and fees are submitted | to |
| Please | e return all corre | espondence concerning | g this matter to |); | | |
| Grego | : ory J. Pepe | | | | | |
| | | (Contact Person) | | | 1 | |
| Neube | ert, Pepe & Monte | eith, P.C. | | | SE(ALL | |
| | | (Firm/Company) | | | AR F | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
| 195 C | hurch Street, 13t | h Floor | | | TAR ASS | < |
| | | (Address) | | | AY C | J |
| New H | laven, CT 06510 | City, State and Zip Code) | • | | SECRETARY OF STATE |) ₹ |
| | (* | ony, state and zip code) | | | 8 T | - |
| For fu | irther information | on concerning this ma | tter, please cal | l: | | |
| Grego | ry J. Pepe | | _at (_203 |) 821- | | _ |
| | (Name of Conta | ct Person) | (Area Co | de and Da | nytime Telephone Number) | |
| Enclo | sed is a check f | or the following amou | ınt: | | | |
| (\$25 fc & \$125 | 0.00 Filing Fees or Conversion 5 for Articles anization) | \$155.00 Filing Fees and Certificate of Status | \$180.00 Fili and Certified C | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| Regis Divisi Clifto | EET ADDRESS tration Section ion of Corporat on Building Executive Cent | ions | Regi Divis P. O. | stration sion of C Box 63 | Corporations | |

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this |
|--|
| Certificate of Conversion is: |
| Norbeck Associates, LLC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company |
| (Enter entity type. Example: corporation, limited partnership, sole proprietorship, |
| general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Connecticut |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| |
| on June 19, 2006 |
| (Enter date "Other Business Entity" was first organized, formed or in Entry |
| |
| 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: |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| Norbeck Associates, LLC |
| (Enter Name of Florida Limited Liability Company) |

| (The e docum | ot effective on the date of filing, enter the effective date: 1) cannot be prior to nor motent is filed by the Florida Department of the date listed in the attached Articles of Otherein.) | ore than 90 days after t State; <u>AND</u> 2) must be | the date this the same as th | he |
|--------------|---|--|---------------------------------|-------|
| Signed | this 23rd day of April | _20_ ⁰⁸ | | |
| | ure of Authorized Person: Name: Gregory J. Pepe Title: | : Attorney in Jac | ! | |
| | | J | | - |
| Fees: | Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | ZOOO HAY -7 P 4 SECRETARY OF ST | FILED |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company i | s: |
|---|---|
| Norbeck Associates, LLC (Must end with the words "Limited Liability Company," the "LLC.") | abbreviation "L.L.C.," or the designation |
| ARTICLE II - Address: The mailing address and street address of the Liability Company is: | principal office of the Limited |
| Principal Office Address: | Mailing Address: |
| 22451 Glenview Lane | 22451 Glenview Lane |
| Bonita Springs, FL 34135 | Bonita Springs, FL 34135 |
| ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Regindividual or another business entity with an active Florida registration.) | istered Agent. You must designate an |
| The name and the Florida street address of the | e registered agent are: SECRETARY ANSSEE |
| Timothy Norbeck | SXR SXR |
| Nar 22451 Glenview Lane | |
| Florida street address (P.C | D. Box NOT acceptables fr |
| Bonita Springs | FL 34135 |
| City, Sta | ate, and Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| ive date: 1) cannot be prior to nor n is filed by the Florida Department of | Timothy B. Norbeck 22451 Glenview Lane Bonita Springs, FL 34135 |
|--|--|
| V: Effective date, if other than the date ive date: 1) cannot be prior to nor mis filed by the Florida Department of the date listed in the attached Certified therein.) OUIRED SIGNATURE: Signature of a member or an author (In accordance with section 608.408) of this document constitutes an affirmation of the section for the sectio | 22451 Glenview Lane Bonita Springs, FL 34135 |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)