

LD9000032568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

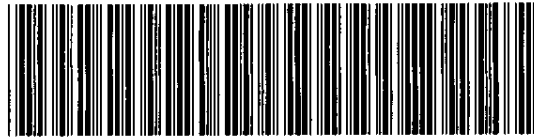
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
09 MAR 20 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LD9-32568

N. CAUSSEAU

APR 3 2009

EXAMINER

Bank of America

Check Image

Scott : Check Image

Check Image:

SCOTT NIELSEN  
273 ROCK CREEK DR.  
PORT CHARLOTTE, FL 33948

DATE 3-15-09 5050  
4-3-810 40  
120

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE \$ 200.00  
TWO HUNDRED <sup>NO</sup>/<sub>100</sub> DOLLARS

Bank of America Premier Banking  
ACH RT 081800032

*Scott Nielsen*

⑆081000032⑆ 481554135073⑆ 5050 ⑆0000020000⑆

MP 23

2003-07-07

BANK OF AMERICA NA  
10110001204 03255 61 000  
03/23/09

10-21010-69  
DEPOSIT ONLY 200 00  
03/20/09

**SCOTT NIELSEN****2773 Rock Creek Drive****Port Charlotte, FL 33948****[ceo@usa1000.com](mailto:ceo@usa1000.com)****TEL: 941-276-9797****TEL: 941-866-2713****FAX: 888-226-3957**

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

3-15-2009

Dear Sir or Madam,

I am re-domiciling a foreign LLC into Florida and also merging another foreign LLC into that new Florida LLC.

Enclosed please find the following Forms

1. Certificate of Conversion for "Other Business Entity Into Florida Limited Liability Company
2. Articles of Organization for Florida Limited Liability Company (including new Registered Agent)
3. Certificate of Merger For Florida Limited Liability Company (and Plan of Merger)

I am enclosing a single check for the following:

Certificate of Conversion	\$ 25
Articles of Organization	\$125 (includes designation of Registered Agent)
Certificate of Merger	\$ 50 (for 2 LLC's merging)

Total Amount	\$200
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Please process this as soon as possible and send me confirmation of the filing with Florida by mail and email.

With best regards

Scott Nielsen,  
Managing Member

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global Atlantic Group LLC \*

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

Scott Nielsen

(Contact Person)

(Firm/Company)

2773 Rock Creek Drive

(Address)

Port Charlotte FL 33948

(City, State and Zip Code)

For further information concerning this matter, please call:

Scott Nielsen

(Name of Contact Person)

at ( 941 ) 764-1662

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees. Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

FILED  
09 MAR 20 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** 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:

Univair Plaza 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 Missouri  
(Enter state, or if a non-U.S. entity, the name of the country)

on 2-26-1999  
(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 now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Global Atlantic Group LLC

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 3rd day of April 2009

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: Scott Nielsen  
 Printed Name: Scott Nielsen Title: MGRM

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Scott Nielsen  
 Printed Name: SCOTT NIELSEN Title: MGRM

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Global Atlantic Group LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2773 Rock Creek Drive  
Port Charlotte FL 33948

**Mailing Address:**

2773 Rock Creek Drive  
Port Charlotte FL 33948

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Scott Nielsen  
Name  
2773 Rock Creek Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Port Charlotte FL 33948  
City, State, 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.*

Scott Nielsen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)  
Page 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Scott Nielsen  
 2773 Rock Creek Drive  
 Port Charlotte FL 33948

MGRM

Shirley Fuchs  
 2773 Rock Creek Drive  
 Port Charlotte FL 33948

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**

Scott Nielsen MGRM  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott Nielsen  
 \_\_\_\_\_

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
 of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

Page 2 of 2

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