## #14000069170

| (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: |
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Office Use Only



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2014 APR 28 AM 11: 42
SLURETARY OF STATE
TALL AHASSEF FLORIDS

K.SALY EXAMINER APR 29 2014



| ACCOUNT NO.   | : 12000000195    |
|---|------------------|
| REFERENCE   | : 108941 4313323 |
| AUTHORIZATION   | : The second     |
| COST LIMIT  | : \$ 150.00      |
| ORDER DATE : April 25, 2014                               |                  |
| ORDER TIME : 5:03 PM                                      |                  |
| ORDER NO. : 108941-010                                    |                  |
| CUSTOMER NO: 4313323                                      |                  |
|   |                  |
| DOMESTIC AM   | ENDMENT FILING   |
|   |                  |
| NAME: NALBANTU SHRAG<br>INVESTMENTS LL                    |                  |
| EFFECTIVE DATE:   |                  |
| XX ARTICLES OF CONVERSION RESTATED ARTICLES OF INCO       | PRPORATION       |
| PLEASE RETURN THE FOLLOWING AS                            | PROOF OF FILING: |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | NDING            |
| CONTACT PERSON: Emily Gray                                | EXT# 52925       |

EXAMINER'S INITIALS:

FILED
2014 APR 28 AM 11: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIBA

## Certificate of Conversion For "Other Business Entity" Into

## Florida Limited Liability Company

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.605.1045, Florida Statutes.

| The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Con- Nalbantu Shrager Family Investments LLC  | version is: |
|--|-------------|
| (Enter Name of Other Business Entity)  |             |
| 2. The "Other Business Entity" is a limited liability company.   |             |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |             |
| First organized, formed or incorporated under the laws of Connecticut  |             |
| on December 4, 2012 (Enter state, or if a non-U.S. entity, the name of the co-   | intry)      |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organ  | nization:   |
| Nalbantu Shrager Family Investments LLC  |             |
| (Enter Name of Florida Limited Liability Company)  |             |
| 4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days aft date this document is filed by the Florida Department of State; AND 2) must be the same as the date listed in the attached Articles of Organization, if an effective date is listed therein.) |             |
| 5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.  |             |

Page 1 of 2

| a+ . A  |  |
|---|--|
| Signed this also day of And   | 20 14  |
| Signature of Authorized Representative of Lim   |  |
| Signature of Authorized Representative: Printed Name: Thomas H. Shrager   | Title: Managing Member   |
| Signature(s) on behalf of Other Business Entity:  | [See below for required signature(s),]                         |
| Signature: Thomas H. Shrager M  | Title: Managing Member   |
| Signature:Printed Name:   |  |
|   |  |
| Signature:Printed Name:   | Title:   |
| Signature: Printed Name:  | Title:   |
| Signature: Printed Name:  | Title:   |
| Signature: Printed Name:  |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In | Officer.   |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.   | ty Partnership:  |
| If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.   | ty Limited Partnership:  |
| All others: Signature of an authorized person.  |  |
| Fees:   |  |
| Articles of Conversion: Fees for Florida Articles of Organization; Certified Copy: Certificate of Status;                         | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Nalbanti Shragar Family la   | ocimonis (17°   |   |
|--|---|---|
| Nalbantu Shrager Family In (Must end with the words "Limited L   |   | 2.7)  |
|  |   |   |
| ARTICLE II - Address: The mailing address and street address of th   | e principal office of the Lin   | nited Liability Company is:   |
| -  |   | and a amounty company is:   |
| Principal Office Address:  | Mailing Address:  |   |
| 770 NE 36th Street   | 770 NE 36th Street  |   |
| Boca Raion, FL 33431   | Boca Raton, FL 33431  |   |
|  |   |   |
| ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration)  | ered Office, & Registered egistered Agent. You must designate                                   | Agent's Signature:<br>e an individual or another  |
| The name and the Florida street address of to  | he registered agent are:  |   |
| Corporation Se   | rvice Company   | Au 201  |
|  | ame   | हिंदू है ग  |
| 1201 Hays S  | Street  | 至 2   |
|  | P.O. Box NOT acceptable)  | SSR &   |
| ·  |   | 四年日   |
| Tallehassee<br>City  | <u>FL 32301</u><br>Zip  |   |
|  | 2.15  | RIE 42  |
| Having been named as registered agent ar<br>liability company at the place designate<br>registered agent and agree to act in this ca<br>statutes relating to the proper and comple<br>accept the obligations of my position as | d in this certificate, Thereby<br>pacity. I further agree to co<br>ete performance of my duties | accept the appointment as<br>mply with the provisions of all<br>s, and I am familiar with and |
| Registered Agent's S   | ghature (REQUIRED)  | Sue G. Knight _Assistant Vice President   |
| (CONT  | TNUED)  |   |

Page 1 of 2

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Memb   | per   |
| "MGR" = Manager  | Thomas H. Shrager   |
|  | 770 NE 36th Street  |
|  | Boca Raton, FL 33431  |
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| (Use attachment if necessary)  |   |
| ffective date is listed, the dat   | than the date of filing: (OPTIONAL e must be specific and cannot be more than five business de  |
| effective date is listed, the dat<br>days after the date of filing.)   | e must be specific and cannot be more than five business de   |
| effective date is listed, the dat<br>days after the date of filing.)   | e must be specific and cannot be more than five business de   |
| ffective date is listed, the date of days after the date of filing.)  LE VI: Other provisions, if an REQUIRED SIGNATURE:   | e must be specific and cannot be more than five business de   |
| effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if an REQUIRED SIGNATURE:   | e must be specific and cannot be more than five business de   |
| ffective date is listed, the date days after the date of filing.)  LE VI: Other provisions, if an  REQUIRED SIGNATURE:   | y.  |
| effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if an   REQUIRED SIGNATURE:  Signature of a raccordance with section 605  institutes an affirmation under a maware that any false information.  | e must be specific and cannot be more than five business de   |
| effective date is listed, the date of days after the date of filing.)  CLE VI: Other provisions, if an   REQUIRED SIGNATURE:  Signature of a raccordance with section 605  institutes an affirmation under a may are that any false information. | y.  member or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Thomas H. Shrager |
| REQUIRED SIGNATURE:  Signature of a naccordance with section 605 nstitutes an affirmation under maware that any false information.   | y.  member or an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)                     |

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-