116000000772

(Red	questor's Name)	· · · · · · ·
(Add	dress)	
(Add	dress)	
	y/State/Zip/Phon	<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



400280259934

12/21/15--01051--007 **150.00

SLERE TARY OF STATE OF STATE OF CARPORATIONS

01/05/16

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: Nichoma	r, LLC				
Sebale 1.	(Name	of Re	sulting Florida	Limite	ed Company)
					ed fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please return all corn	espondence concernin	g thi	s matter to:		
John Nist					
	(Contact Person)				
Nichomar, LLC					
	(Firm/Company)				
1924 Woodmere Dr.					
	(Address)				
Jacksonville, FL 32210					
	City, State and Zip Code)				
jnist@nistenvironmental					
E-mail Address: (to l	be used for future annual re	port r	notifications)		
For further informati	on concerning this ma		-		
John Nist	•	at	(904	634-0	9881 vtime Telephone Number)
(Name of Cont	act Person)		(Area Code)	(Day	vtime Telephone Number)
Enclosed is a check	for the following amou	ınt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing l d Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:				ADDRESS:
Registration Section			Registra		
Division of Corporat Clifton Building	ions		Division P. O. Bo		Corporations 27
2661 Executive Cen	ter Circle				FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is Nichomar, LLC	;
(NONE) (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 State of Delaware	
10/29/2008 (Enter state, or if a non-U.S. entity, the name of the country)	
on (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	n:
Nichomar, 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 after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effect date listed in the attached Articles of Organization, if an effective date is listed therein.) 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.	tive
5. The plan of conversion has been approved in accordance with all applicable statutes.	

Page 1 of 2

SECRETARY OF STATE

Signed this 16th day o	f December	20 15		
Signature of Authorized R	epresentative of Li	mited Liability	Company:	
Signature of Authorized Rep Printed Name: John Nist	oresentative:	Title: Owne	\(\frac{1}{r} \) \(\frac{1}	
Signature(s) on behalf of Ot	har Rucinass Entits	e See below for	r required sign	natura(c)]
Signature(s) on benan of Ot		i isee below to	required sigi	iatui e(s);
Signature:	John F.M	/	· .	
Printed Name: John Nist	/	Title: Owner	r	
Signature:	,			
Signature:Printed Name:	,	` Title:		
-	-		,	
Signature:				
Printed Name:		Title:		 ,
Signature:	1.		•	
Printed Name:		Title:		
			.1 1	
Signature:				
Printed Name:		Title:		
Ciamatura				
Signature: Printed Name:		Title		
Timod Hamo.		11110;	, .	
If Florida Corporation:				
Signature of Chairman, Vice				
If Directors or Officers have r	not been selected, an	Incorporator mu	st sign.	
If Florida General Partners	hin or Limited Lieb		. , D:	•
Signature of one General Part		inty i artifersin	р. ,	14.)
8				
If Florida Limited Partners	<u>hip or Limited Liab</u>	ility Limited Pa	rtnership:	٠.
Signatures of ALL General P	artners.	•		
All othors				
All others: Signature of an authorized per	rson		•	•
Dibitation of all additionable pos				
Fees:				
		, , ,		
Articles of Conversion		\$25.00		
Fees for Florida Artic	cles of Organization		tional)	
Certified Copy: Certificate of Status:		\$30.00 (Opt \$5.00 (Option		
Countrale Of Mailly.				

15 DEC 21 PH12: LO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		.*
and the second s		
Nichomar, LLC		•.
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC."	· ·
ARTICLE II - Address: The mailing address and street address of the pri	ncinal office of the Limit	ted Liability Company is:
	neipai office of the Emili	- ·
Principal Office Address:	Mailing Address:	
	1924 Woodmere Dr.	
1924 Woodmere Dr. Jacksonville, FL 32210	Jacksonville, FL 32210	
	ownidon interpretation	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
• • • • • • • • • • • • • • • • • • • •		
The name and the Florida street address of the re	egistered agent are:	
John Nist	,	
Name	 	
		,
1924 Woodmere Dr.	D. NOT. (11)	
Florida street address (P.O.	Box NOT acceptable)	, · · · · · · · · · · · · · · · · · · ·
Jacksonville	FL 32210	,
City	Zip	
		,
Having been named as registered agent and to		
liability company at the place designated in		
registered agent and agree to act in this capaci		
statutes relating to the proper and complete p		
accept the obligations of my position as reg	isierea ageni as proviaea _. 1 - I	jor in Chapter 605, F.S
\sim	' //	:
MmtA		
Registered Agent's Sign	ature (REQUIRED)	-
	•	
(CONTINU	JED)	

AF PEO DE DATA ORALIENO

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	John Nist	
	1924 Woodmere Dr.	
	Jacksonville, FL 32210	•
(Use attachment if necessary)		•
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.)	t the applicable statutory filing requirements, this date will not be specific.	s day:
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of States	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be	s day:
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any.	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be's records.	s days
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be's records.	s day;
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be so records. A serior an authorized representative of a member.	s days
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed in	t be specific and cannot be more than five business t the applicable statutory filing requirements, this date will not be's records.	s day

ARTICLE IV-

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional) Page 2 of 2

John Nist