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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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M. MOON JAN 17 2017

COVER LETTER

TO: Registration S Division of C				
SUBJECT: NA	B Trade (2 ompliance ulting Florida Limited Com	Services LLC	
			d fees are submitted to convectordance with s. 605.1045,	
Please return all corre	espondence concerning	g this matter to:		
NHB Trai 8141 Pcli Lake Wor	(Contact Person) de Complia (Firm/Company) Can Harbou (Address) H FL 33 City, State and Zip Code) © VCrizon e used for future annual re	nce Service v Drive 467	es LLC	
For further information	on concerning this ma	tter, please call:		
Nova H. I (Name of Conta	Sahr uct Person)	_at (<u>609</u>) <u>8</u> (Area Code) (Day	rtime Telephone Number)	
	or the following amou a bank located in the		sed by this office must be pay	/able in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	1355.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corporat Clifton Building		MAILING A Registration S Division of C P. O. Box 63:	Section Corporations	17.
_				\

Tallahassee, FL 32314

643

2661 Executive Center Circle

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:
NHB Trade Compliance Services LLC (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership,	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the na	· · · · · · · · · · · · · · · · · · ·
on U4/09/2008 (Enter state, or if a non-U.S. entity, the na (date of organization, formation or incorporation)	ime of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Article	es of Organization:
NHB Trade Compliance Services LLC (Enter Name of Florida Limited Liability Company)	
(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 the date this document is filed by the Florida Department of State; AND 2) must be the state listed in the attached Articles of Organization, if an effective date is listed thereion Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ame as the effective n.)
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	rights the amount to
Page 1 of 2	SEUS. 17 JAN
	 .

Signed this /OHA day of Tanua	<u>ry</u> 20 /7.	
Signature of Authorized Representative	of Limited Liability Company:	
Signature of Authorized Representative: _ Printed Name:	Mark Bake.	
Printed Name: Name: All Robert	Title: Diverture	
Fillited Name. 100 A H. Bank	THE. PIPECTOP	-
Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s)]	
Signature: Mrs & Bah		
Printed Name: Nora H. Bahr	Title: Director	- -
Signature:		
Printed Name:	Title:	_
Printed Name:	Title:	- -
Printed Name:	Title:	-
Signature:	Title:	-
rimed Name.	nue:	-
Signature:		_
Printed Name:	Title:	-
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Dire		
If Directors or Officers have not been selected	ed, an Incorporator must sign.	
If Florida General Partnership or Limited	Liability Partnership:	
Signature of one General Partner.	 	
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	
All others: Signature of an authorized person.		17 3
Fees:		
Articles of Conversion: Fees for Florida Articles of Organiz Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	64 6 191

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
NHB Trade Complian (Must end with the words "Limited Liabili	nce Services LLC
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8141 Pelican Harbour Drive Lake Worth FL 33467	8141 Pelican Harbour Drive Lake Worth FL 33467
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	
Nora H. Ball Name	h-
Name	;
8141 Pelican	Harbour Drive
Florida street address (P.O.	. Box NOT acceptable)
Lake Worth	FL 33467 Zip
City	Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S
(CONTIN	f2
	710

(T)*41		37 1 1 1 1 1	
Title:	authorized Member	Name and Address:	
"MGR" = Ma		_	
AMBI		Nora H. Bahr	
		8141 Pelican Harbour Dr Lake Worth FL 33467	100
		Lake Worth FL 33467	
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(Use attachme	ent if necessary)		
ICLE V: Effecti	ive date, if other than is listed, the date me	the date of filing: (OPTIONAL the date of filing:	AL) days
ICLE V: Effective date in effective date in 90 days after the If the date inserted	ive date, if other than is listed, the date mu e date of filing.)	ust be specific and cannot be more than five business of the applicable statutory filing requirements, this date will not be	days
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-