L1700093502

(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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04/03/17--01009--027 **43.75

04/12/17--01010--001 **111.25

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COVER LETTER

TO:	New Filing Se Division of C					
SHRI	ECT. NATION.	AL PROPERTY SOLUTI	ONS LLC			
SODJ	EC1	(Name of Re	sulting Florida Lin	iited Co:	ompany)	
					nd fees are submitted to convert an "O accordance with s. 605.1045, F.S.	the
Please	return all corre	espondence concernin	g this matter to			
MARC	SHANDLER					
	<u></u>	(Contact Person)				
NATIO	NAL PROPERT	Y SOLUTIONS LLC				
		(Firm/Company)				
4101 N	36 AVENUE					
	· · · · · · · · · · · · · · · · · · ·	(Address)				
HOLL	YWOOD, FL 3302	21				
	((City, State and Zip Code)				
MARC	SHANDLER@Gi	MAIL.COM				
E-n	nail Address: (to b	e used for future annual re	port notifications)	_		
For fu	rther information	on concerning this ma	tter, please call			
MARC	SHANDLER		_at () 699-J	3285	
	(Name of Conta	ct Person)	(Area Code	;) (Da	ytime Telephone Number)	
Enclos dollars	sed is a check for sand drawn on	or the following amou a bank located in the	int: (All checks United States)	proces	ssed by this office must be payable in t	JS
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles nization)	■\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Co		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Cliftor 2661 I	ET ADDRESS Filing Section on of Corporation Building Executive Center Tallahassee, F	ons	New I Divisi P. O.	Filing S on of C Box 63	ADDRESS: Section Corporations 327 FL 32314	

32301

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Articles of Conversion For "Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.

NonProfit Solutions, Inc. Pol- 4941 (Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a corporation	on .
(Enter entit	ty type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated unde on \frac{5/17/2001}{(date of organization, formation or incorporation)}	(Enter state, or if a non-U.S. entity, the name of the country)
	Company as set forth in the attached Articles of Organization
(Enter Name of Florida I	limited Liability Company)
A. If not offerties on the date of filling and	a contract DATE OF FILING
(The effective date: 1) cannot be prior to dafter the date this document is filed by the the effective date listed in the attached Art.	the effective date: DATE OF FILING late of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as icles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the streeords.
(The effective date: 1) cannot be prior to dafter the date this document is filed by the the effective date listed in the attached Art. Note: If the date inserted in this block does not meet t document's effective date on the Department of State's	late of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as icles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the specords.
(The effective date: 1) cannot be prior to dafter the date this document is filed by the the effective date listed in the attached Art. Note: If the date inserted in this block does not meet t document's effective date on the Department of State's 5. The plan of conversion has been approved	late of receipt or filed date nor more than 90 calendar days Florida Department of State; AND 2) must be the same as icles of Organization, if an effective date is listed therein.) he applicable statutory filing requirements, this date will not be listed as the steeords. in accordance with all applicable statutes.

Signed this 10th day of April	2017
Signature of Authorized Representative of Lim	
Signature of Authorized Representative:Printed Name: Marc Shandler	Marc Shola_ Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Man Sand	L
Signature:	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer. corporator must sign.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
?ees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	vis:	
NATIONAL PROPERTY SOLUTIONS ELC (Must contain the words "Limited Lia	bility Company, "L.J.,C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of th		Liability Company is
Principal Office Address:	Mailing Address:	
4101 N 36 AVE HOLLYWOOD, FL 33021	4101 N 36 AVE HOLLYWOOD, FL 33021	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent tegistered Agent. You must designate an indi	's Signature:
The name and the Florida street address of t	he registered agent are:	24 3
MARC SHANDLER		
N	ame	7 APR 13
4101 N 36 AVI:		[1] ····.
Florida street address (P.O. Box NOT acceptable)	
HOLLYWOOD	FL 33021	98.50
City	Zip	<u></u>

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 605, F.S..

Registered Agent's Signature (REQUIRED)

"AMBR" = A	uthorized Member	Name and Address:
"MGR" = Ma		
MGR	-	MARC SHANDLER
		4101 N 36 AVI;
		HOLLYWOOD, FL 33021
		
(Livo ottoohim	ont if anazegom A	
(Use attachme	ent if necessary)	
ICLE V: Effect	tive date, if other than the	he date of filing: DATE OF FILING . (OPTIONAL)
ICLE V: Effect	tive date, if other than the listed, the date mus	t be specific and cannot be more than five business day
ICLE V: Effect n effective date i to or 90 calend	tive date, if other than the listed, the date mus ar days after the date	t be specific and cannot be more than five business day of filing.)
ICLE V: Effect n effective date in to or 90 calend If the date inserted	tive date, if other than the listed, the date mus ar days after the date	It be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effect of effective date in to or 90 calend. If the date inserted ment's effective date. ICLE VI: Other	tive date, if other than the is listed, the date must ar days after the date in this block does not meet on the Department of State.	It be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed

ARTICLE IV-

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

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817,155, F.S.

MARC SHANDLER