# L7000236658

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del></del>		

Office Use Only



000305527230

11/14/17--01057--002 \*\*150.00



NOV 1 7 2017 T SCHROEDER

### COVER LETTER

Division of C	orporations		
SUBJECT: N6 Consu	ılting, LLC		
		sulting Florida Limited Cor	mpany)
		<b>—</b>	nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Michael Nygard			
	(Contact Person)		
	(Firm/Company)		
4204 Turtle Crossing			
	(Address)		
Niceville, FL 32578			
((	City, State and Zip Code)	<del></del>	
mtnygard@gmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Michael Nygard		_at () 428-8	3794
(Name of Conta	ct Person)		rtime Telephone Number)
	or the following amou a bank located in the		sed by this office must be payable in US
■ \$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
TREET ADDRESS	S:	MAILING A	ADDRESS:
lew Filing Section		New Filing S	Section
ivision of Corporati	ons	Division of C	
lifton Building		P. O. Box 63	21

Tallahassee, FL 32314

661 Executive Center Circle

allahassee, FL 32301

**TO:** New Filing Section

#### **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 Article N6 Consulting, LLC	es of Conversion 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	n law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the	name of the country)
May 28, 2008 on .	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Artic	cles of Organization:
N6 Consulting, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 the date this document is filed by the Florida Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	•
5. The plan of conversion has been approved in accordance with all applicable statutes.	
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	al rights the amount to
<u>-</u> -	, 
	87.7.1.5 17.1.5 17.1.5
$\dot{\mathbb{L}}$ .	
	- 40.

Signed this 181 day of November	20_17
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: Manager Printed Name: Michael Nygard	Title: Managing Member
Signature(s) on behalf of Other Business Entity: [	•
Signature: Printed Name: Michael Nygard	Title: Managing Member
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:						
The name of the L		ity Company	is:				
N6 Consulting, LLC							
(M)	ust contain the wo	rds "Limited Lial	bility Company, "L.L.C.	" or "LLC.")			
ARTICLE II - Ac The mailing addre		iddress of the	e principal office o	of the Limite	ed Liabil	ity Con	ipany is:
Principal Office A	Address:		Mailing Add	iress:			
4204 Turtle Crossing			4204 Turtle Cr	ossing			
Niceville, FL 32578			Niceville, FL 3				
(The Limited Liability C business entity with an The name and the	active Florida reg	address of th	ne registered agent	_	marrida	or anome.	
		Na	ame				
	4204 Turtle Ci	rossing					
			P.O. Box NOT acc	eptable)			
	Niceville		<u>FL</u> 32578				
		City		Zip			
liability comp registered agent statutes relatin	pany at the pla and agree to a g to the prope pligations of m	ce designated act in this cap r and comple y position as	d to accept service d in this certificate, pacity. I further age te performance of registered agent a significate, which is a service of the control of the	I hereby ac gree to comp my duties, a s provided f	cept the ly with th nd I am j	appoint he provi familiar	ment as sions of all with and
		(CONT	INUED)				•
					•		£ ,

#### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager AMBR  AMBR	Michael Nygard  4204 Turtle Crossing  Niceville, FL 32578  Marie Nygard		
AMBR	4204 Turtle Crossing Niceville, FL 32578  Marie Nygard		
	4204 Turtle Crossing Niceville, FL 32578  Marie Nygard		
AMBR	Niceville, FL 32578  Marie Nygard		
AMBR	Marie Nygard		
AMBR			
AWDR			
	4304 Tarela Canada a		
	4204 Turtle Crossing Niceville, FL 32578		
	Niceville, FL 32378		
<del></del>			72.7
			• .:
			_7
(Use attachment if necessary)			وسته س :
			—÷ V:€
		· ·	
CLE V: Other provisions, if any.		三 三	<u></u>
<del></del>			<del>_</del>
	_		
REQUIRED SIGNATURE:			
	. //		
2/11/11/11			
Marie I Isa	uf		
Majul 1/20	authorized representative of a	member	
Signature of a member or an This document is executed in accordance wi	authorized representative of a th section 605.0203 (1) (b). Florida Stat	member utes. I am av	ware th
Signature of a member or an This document is executed in accordance wi any false information submitted in a document	authorized representative of a th section 605.0203 (1) (b). Florida State to the Department of State constitutes	member utes. I am av a third degr	ware the
Signature of a member or an This document is executed in accordance wi	a authorized representative of a ith section 605.0203 (1) (b). Florida Stat nt to the Department of State constitutes	member tutes. I am av a third degr	ware the

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)