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(Req	juestor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

Division of C	•			
SUBJECT: Nevis Gra	oup, LLC			
<u></u>	(Name of Res	sulting Florida Limi	ed Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Joseph R Shull				
	(Contact Person)		-	
Nevis Group				
	(Firm/Company)		-	
P.O. Box #546811				
	(Address)		-	
Surfside, FL. 33154				
((City, State and Zip Code)		-	
jshull@nevisgroup.us				
E-mail Address: (to b	e used for future annual re	port notifications)	-	
For further information	on concerning this ma	tter, please call:		
Joseph Shull		_at (612	670-3	400
(Name of Conta	ict Person)	(Area Code) (Day	rtime Telephone Number)
	or the following amou a bank located in the	•	roces	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 and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filing Section Division of Corporat Clifton Building	ions	New F Divisio P. O. E	iling S on of C Box 63	Corporations 27
2661 Executive Cent	er Circle	Tallaha	issee.	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 Article Nevis Group, LLC	es of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC Sole Proprietorship (Enter entity type. Example: corporation, limited partnership, general partnership, common	
(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)
10/18/2007 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:
Nevis Group, 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) calendar days after
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	will not be listed as the
document's effective date on the Department of State's records.	THE ROCK HANGE US WE
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 apprais which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	al rights the amount to
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d Liability Company: Title: President/CEO
min harden(CCO
Lifte: Presideni/CEO
Title: President/CEO
ee below for required signature(s)
Title: President/CEO
Title:
mu.
Title:
ficer.
rporator must sign.
Partnership:
Limited Partnership:
\$25.00
\$125.00
\$30.00 (Optional)
\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Nevis Group, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
350 Lincoln Road	P.O. Box 546811
Miami Beach, FL. 33139	Surfside, FL. 33154
The name and the Florida street address of the real Name Name 350 Cincola Ro Florida street address (P.O. Minum Beach City	Box NOT acceptable)
liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete p	

ARTICLE IV-

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

Joseph R Shull 350 Lincoln Road Miami Beach, FL. 33139	_
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	- -
	- - -
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th section 605,0203 (1) (b), Florida Statutes, I am aware nt to the Department of State constitutes a third degree fe	

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)