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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificates	s of Status				
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Special Instructions to	Filing Officer:					

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TO: New Filing So Division of C			
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SUBJECT: //	IOVA PROD		
	(Name of Kes	ulting Florida Limited Cor	npany)
		_	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
JOHN	Mc DERM (Contact Person) (A PRODUC (Firm/Company)	1	
. / .	(Contact Person)		
NOV.	A PRODUC	75	
-	(Firm/Company)		
105	AULLVHUCK	LANE	
	(Address)	(, 11	(24
PONTE VI	(Address) (EDRA BEAC	H, FL 520	82
((City, State and Zip Code)		
JMCDERMI.	TONOVA-W	SA. COM	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	ter, please call:	
	_ _	•	714-7382 ytime Telephone Number)
(Name of Conta	ict Person)	(Area Code) (Day	ytime Telephone Number)
	or the following amou a bank located in the	-	sed by this office must be payable in US
_	S155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	-
STREET ADDRESS	S:	MAILING A	ADDRESS:
New Filing Section		New Filing S	
Division of Corporations Division of Corporations			
Clifton Building P. O. Box 6327			<i>21</i>

Tallahassee, FL 32314

2661 Executive Center Circle

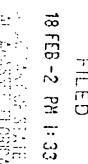
Tallahassee, FL 32301

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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on MARCH 8, 1994. (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: NOVA PRODUCTS LLC
(Emer Name of Florida Limited Ciability 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.
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 appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 25th day of VANUARI	_20_/8
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: DOWN MC ERMIT	Title: PRES
Signature(s) on behalf of Other Business Entity: [
Signature: 1 M. Dimit Printed Name 1 TOHN MOERMIT	
Printed Name of JOHN MIDERMIT	Title: PRUT
Signature: Printed Name:	Til
Printed Name:	_ 1·me:
Signature:Printed Name:	Title
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Chairman	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
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

The name of the Limited Liability Company is:	
NOVA PRODUC	CTS LLC
(Must contain the words "Limited Liability	(Company, "L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PONTE VEORA BEACH, FL 32052	PONTE VERRA BEACH, FL.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Registered A	Agents Inc.
Name	······································
3030 N Rocky Period Street address (P.O.	oint Dr. STE 150A Box NOT acceptable)
<u>Tampa</u> City	FL 33607 Zip
liability company at the place designated in registered agent and agree to act in this capacitatives relating to the proper and complete p	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 isstered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Title: Name and Address:				
"AMBR" = Authorized Member "MGR" = Manager M C-R AMBR AMBR	JOHN MCDERMIT 105 HOLLY HOCK LANE PONTE VEORD BEACH, FL DAPHNE HAVENS 105 HOLLY HOCK LANG FINTE VEORD BEACH, FL MARY MCDERMIT 105 HOLLY HOCK LANE 105 HOLLY HOCK LANE 105 HOLLY HOCK LANE			
(Use attachment if necessary)	PONTE VERRA BEACH, FL 32082			
TICLE V: Other provisions, if any.				
REQUIRED SIGNATURE:	Lemil			
This document is executed in accorda	or an authorized representative of a member nee with section 605.0203 (1) (b), Florida Statutes. I am aware that ocument to the Department of State constitutes a third degree felony			
MARYA	Typed or printed name of signee			

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)

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