# L18000033459

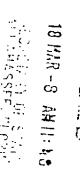
(Req	uestor's Name	)
DDA)	ress)	
, (Add	ress)	<del></del>
(City)	/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	ame)
(Doc	ument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	





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APR OF JUB

# **COVER LETTER**

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TO: New Filing Se Division of C			
SUBJECT:	Name of Res	ulting Florida Limited Con	ppany)
		<del>-</del>	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Nadine	Macor	<u> </u>	
Index	(Contact Person)  (Firm/Company)	nt 6pm	P
1044 N 4.	SHWY I	Suite 101	,
	(Address)  FL 33  City, State and Zip Code)	477	
Padine .  E-mail Address: (to b	e used for future annual re	<u>Pindexin</u> Va	st, com
For further information  Madure  (Name of Conta	on concerning this man	at ( Stel ) 52	19-6385 time 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
STREET ADDRESS	<b>S</b> •	MAILING A	DDRFSS.

New Filing Section Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

# INHS11 (7/17)

New Filing Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

Clifton Building

# **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:  NCD N714 VD in C.  (Enter Name of Other Business Entity)	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>COOO</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.	<del>-</del>
First organized, formed or incorporated under the laws of	
on 12-19-2012 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	
NCAN714YD, 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.	
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 28th day of Frbrucky	_ 20 <u>_ 18</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: カルカ & Sw (デナ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: By Car Ol Bord	Title: Director 15
Signature:	
Signature:Printed Name:	Title:
Signatura:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
<mark>If Florida General Partnership or Limited Liabifi</mark> 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.	
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 t	e Limited Liability Company is:	
NCA	(Must contain the words Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II		
The mailing a	dress and street address of the principal office of the Limited Liability Company	is:
Principal Off	ce Address: Mailing Address:	

ARTICLE I - Name:

1044 N US HWY]	1044 NUS HWYT
SINV 101	SUITE 101
Jupilar, FL 33477	Suite 101 Junitar, FL 33477
	1

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Index Investment 6 voup	South 10		
Name	South 10		
Florida street address (P.O. Box NOT acceptable)	South 10		
City	Supplement 35477	Supplement 354777	Supplement 35477

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)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Alan R. Swift 1044 N US HWY, SUITE JUPITER, FL 33477
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
•	
CLE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document any false information submitted in a document any false information submitted in a document is provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the ament to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted of the sub	e with section 605.0203 (1) (b). Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felo

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

. - ARTICLE IV-