L18000053759

(Requestor's Name)
(Address)
(1.55.555)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(220201
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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LLAHASSEE, FLORIDA

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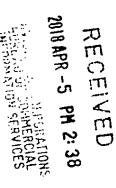


FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2018

NADIN MACON 1044N US HWY 1, STE 101 JUPITER, FL 33477

SUBJECT: NCA N871B LLC Ref. Number: W18000024720



We have received your document for NCA N871B LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 918A00005133

COVER LETTER

TO: New Filing So Division of C			
SUBJECT:	NICA NG	871B LL ulting Florida Limited Con	ipany)
		_	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
1044N 1044N Jupiter nadine	City, State and Zip Code)	1, Suite 10 7 Dindexinv	
For further information	on concerning this mat	ter, please call:	
Nadne /	Macon ct Person)	at (<u>5(0/</u>) <u>9</u> (Area Code) (Day	29-6385 [—] time Telephone Number)
	or the following amou a bank located in the l	-	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	S180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILING A	ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 Con NGA N987/3 COP PIG-4574	version	is:
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>COVPOYOL TOO</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or bu	siness tra	ıst, etc.)
First organized, formed or incorporated under the laws of FL (Enter state, or if a non-U.S. entity, the name of the	e country	·)
on <u>5-23-2016</u> (date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	rganiza	tion:
NCA N9871B 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 calendathe 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 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	mo belone IARY OF S MIALLAHASSEE, FLI	nt to 2010 MAR - 8 PM

Signed this 28th day of February 20 18.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Alan R. Swift Tyle: Mar.
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Braine Borg Title: Officer /T
Signature: Title:
Signature: Title:
Signature: Printed Name: Title:
Signature: Title:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:
Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

Certified Copy: Certificate of Status:

2019 MAR -8 PM 3: 09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NCA	N9871B	LLC			_
(1)	Aust contain the words "Limite	d Liability Compar	iy, "L.L.C" or "l	LC.")	
ARTICLE II - A	Address:				

Principal Office Address:	Mailing Address:
1044 N US HWYONE	1044 N US HWY ONE
Jupiter FL 35477	Jupitar AL 33477

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

Name

1044 NJ US HWY ONL, SUITE (0)

Florida street address (P.O. Box NOT acceptable)

LUPINE FL 33477

City Zip

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)

2010 MAR -8 PM 3: 09

ARTICLE IV- The name and address of each person a Company:	nuthorized to manage and control the Limited Liability
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR" = Manager	Alan R. Swift 1044 NUSHWY 1, Suite 101 Supiter, FL 33477

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

 $\frac{S(w)^2 + F}{\text{Typed or printed name of signee}}$

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)