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Office Use Only



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COVER LETTER

TO: New Filing So Division of Co			
SUBJECT:	(Name of Resi	26010 LL (ulting Florida Limited Con	ipany)
		-	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	this matter to:	
<u>Dadine</u> E-mail Address: (to be	(Contact Person) Vestment (Firm/Company) (Address) (Address) City, State and Zip Code) Macon Ge used for future annual representations.	port notifications)	1 est, (om
For further information	on concerning this mat		512 1.205
(Name of Conta	t Person)	at (SO) (Day	time Telephone Number)
	or the following amous a bank located in the l	•	ed 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	□S185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS New Filing Section Division of Corporati		MAILING A New Filing So Division of C	ection

P. O. Box 6327

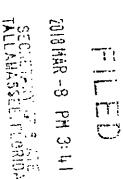
Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

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 Articles of Conversion is: NCA NOOO COP PIQ - 101109
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 12-11-2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(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 28 th day of February	
Signature of Authorized Representative of Lim	it ed I sist aility Company:
Signature of Authorized Representative of Ethio	A () / /
Signature of Authorized Representative:	A A A A A A A A A A A A A A A A A A A
Signature of Authorized Representative: Printed Name: <u>A/なん R. ろい/</u> チナ	Tild: \ Mar.
Signature(s) on behalf of Other Business Entity:	
Signature: Borg Printed Name: Borg	
Printed Name: 2 10 Por Bord	Title: 06/2/21/5
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Signature:	
Printed Name:	Title:
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If Plends Communication	
If Florida Corporation:	0.66
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty 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
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
Certificate of Status.	φυίου (Optionar)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

NCA NGGOIO LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

1044NOSHWY 1 1044 NOSHWY/
SWH 101 SWK 101
Superter, FL 33477 Super, FL 3347)
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 Group Name
1044 N US 1/WY 1 SUI te 101 Florida street address (P.O. Box NOT acceptable)
Jupiter 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..

estered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Alan R. Swift 1044 N OS HWY one Suite Jupiter (FL 3347)	
(Use attachment if necessary)		
FICLE V: Other provisions, if any.		

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.

 $\frac{A1a0 R Swiff}{\text{Typed or printed name of signee}}$

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)