# L/8000086676

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
<b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



APR 1 0 2018

T. SCOTT



400310035084

03/08/18--01014--021 \*\*150.00

SECRETARY OF STATE



March 14, 2018

NADINE MARON INDEZ INVESTMENT GROUP 1044 N. US HWY 1 SUITE 101 JUPITER, FL 33477

SUBJECT: NCA N1184U LLC Ref. Number: W18000024651

We have received your document for NCA N1184U 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 the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 418A00005104

### **COVER LETTER**

TO: New Filing So Division of C		,	
SUBJECT:	NCA NI	ulting Florida Limited Con	npany)
The enclosed Articles Business Entity" into	s of Conversion, Article a "Florida Limited Li	les of Organization, an ability Company" in a	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:	
Nadine	Maror	7	
Index 1	(Contact Person)  NUSTMEN  (Firm/Company)	H Group	
1044 N.	(Address)	Suite/01	/
Jupiter	FL 334	77	
nadine.1	City, State and Zip Code)  Of Con Code  e used for future annual representations.		st.com
For further information	on concerning this mat	tter, please call:	_
Na Chine (Name of Conta		at ( <u>56/</u> ) <u>5</u> (Area Code) (Day	29-6385 rtime 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	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 Conversion is:    NCA N//84U COCP - VI JUNE Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)
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:  NCANIBULLC  (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.

2010 APR -5 AM 7: 58
SECRETARY OF STATE

· · · · · · · · · · · · · · · · · · ·	
Signed this	1 20 18
	_ ^
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative:	The state of the s
Printed Name: Alah R. Swiff	Title manager
Signature(s) on behalf of Other Business Entity:	(See below for required signature(s))
110	• • • • • • • • • • • • • • • • • • • •
Signature Signature	
Signature Borg Printed Name Borg	_Title: Dericer / S
	,
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	POLAT.
Printed Name:	litle:
Signature:	
Printed Name:	Title:
Signatura:	•
Signature:Printed Name:	Title
Timed Name.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	tr. Doutmanskin.
Signature of one General Partner.	ty Partnersmp:
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
All others	May 1 miles
All others: Signature of an authorized person.	
organization an admortized 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NCA N/184U LA (Must contain the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1044 N VS HWI Suite 101 Jupitar FL 33477	1044 N US HWY 1 Super FL 33477
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Index Inves Name	
10 44 N (25 1-) Florida street address (P.O.	WY 1 SWH 161 Box <u>NOT</u> acceptable)
Supiter City	FL 33477 Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S
1 the	7 / -
Registered Agent's Signa	ature (REQUIRED)
<del>-</del>	. #

(CONTINUED)

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $\mathcal{M} \hookrightarrow \mathcal{R}$	Alan R Swift 1044 N. USHWY I Suit Jupiter FL 33477
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	· ·
•	· .
•	
Signature of a member of This document is executed in accordan any false information submitted in a docas provided for in s.817.155, F.S.	or an authorized representative of a member access with section 605.0203 (1) (b), Florida Statutes. I am aware that cument to the Department of State constitutes a third degree felony
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordan any false information submitted in a docas provided for in s.817.155, F.S.	or an authorized representative of a member acce with section 605.0203 (1) (b), Florida Statutes. I am aware that

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

ARTICLE IV-