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

Office Use Only



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W18-25428



March 15, 2018

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

SUBJECT: NCA N60507 LLC Ref. Number: W18000025428

We have received your document for NCA N60507 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.

Letter Number: 918A00005297

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing So Division of C					
SUBJECT: <u>//</u>	A N608	507 22 Coulting Florida Limited Con	npany)	_	
The enclosed Articles Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization, an iability Company" in a	d fees are submitted to eccordance with s. 605.1	convert a 045, F.S.	n "Other
Please return all corre	espondence concernin	g this matter to:			
	(Contact Person)	_		TALLAH	18 MAR
1044 N	(Firm/Company) (Address)	1 Suite 10	o/	ASSIE, IL	11. L. L. L. 27 PK 1:
· Jupiter	F1334 City, State and Zip Code)	<u> </u>			23
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For further information	on concerning this ma	-			
Nadeh (Name of Conta	Macon (ct Person)	_at (<u>56/</u>) <u>5</u> (Area Code) (Day	29-10381 vtime Telephone Number)	_	
	or the following amou a bank located in the		sed by this office must b	e payabl	e in US
	☐\$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 ADDRES New Filing Section Division of Corporat		MAILING A New Filing S Division of C	Section		

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: NICA NUOSOT CORP (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COVPOCOTION (Enter entity type. Example: 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:
(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 day of February	20			
Signature of Authorized Representative of Limited Liability Company:				
Signature of Authorized Representative: Printed Name: Alan R. Swiff:	1\\\;\;*\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)			
Signatura: ()/222				
Signature: Printed Name: Borne Borg	Title: Officer 15			
Signature:				
Printed Name:	_ Title:			
Signature:Printed Name:	Tisle			
Printed Name:	_ Title:			
Signature:Printed Name:	Title			
Printed Name:				
Cimuntuma				
Signature:Printed Name:	Title:			
Printed Name.				
Signature:				
Printed Name:	Title:			
Timed Name.				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y 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)			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
MCA N60567 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1044 N US HWY 1 Suite 101 Suite 101 Suite 101 Suite 101 Suite 101 Suite 101 Suite 101
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
Florida street address (P.O. Box NOT acceptable)
Moiter FL 23477 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager $\mathcal{W} \subseteq \mathcal{R}$	Alap R. Switt
	1044 N US HWY 1 SUITAN
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(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATORS.	
Signature of a member on	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
as provided for in s.817.155, F.S.	
Alan R Su	wiff /ped or printed name of signee
Ty	vped or printed name of signee Filing Fees
\$125 AA Filing Foo for Articles (of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	nal) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-