L18000 267 838

(Req	uestor's Name)	
(Add	ress)	-
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	·-
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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FIGS 1.8 GRAV



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SECRETARY OF LIAIS TALLAHASSEE, FLOPIOA



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2018

NADINE MACON INDEX INVESTMENT GROUP 1044 N US HWY 1 SUITE 101 JUPITER, FL 33477

SUBJECT: NCA N60 372 LLC Ref. Number: W18000024657

We have received your document for NCA N60 372 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: 318A00005106

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MAN 60372 LLC (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Oth Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Nadine Mai Con (Contact Person)
Lodex Invistment 6noup
(Firm/Company) 1044 N US HWY I Suite 101 (Address)
Jupiter, FL 33477
(City, State and Zip Code) Nadine Macon and Alexin Vest. Com E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Nadine Macen at (50) 529-6385 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in Ut dollars and drawn on a bank located in the United States)
\$150.00 Filing Fees (\$25 for Conversion & Status (\$25 for Articles of Organization) \$150.00 Filing Fees and Certificate of Status \$180.00 Filing Fees and Certified Copy (Certified Copy, and Certificate of Status)
STREET ADDRESS: MAILING 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 Tallahassec, FL 32314

Articles of Conversion

For

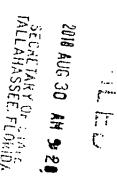
"Other Business Entity"

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 Art -1-2 of Conversion is: NCA NGO 3 72 CO P = P 2 DUVIDUO F. 7. (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of
on 2-11-2012 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NCA N60372 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 Februar	<u> 20_18</u> .
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Alan R. Swift	
Signature(s) on behalf of Other Business Entity:	
Signature:	
Signature: Borg Printed Name: Borg	Title: Officer 15
Signature:	,
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
	_ ·
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	r Officer
If Directors or Officers have not been selected, an I	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	lity 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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MCANGO 37Z (Must contain the words "Limited Liabil	LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the particle.	orincipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
1044 N DSHWY 1 Sinte 101 Jupiter FL 33477	1044 N/US HW Sylte 101 Jupiter FL	<u>4 / </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	ed Office, & Registered Agent's istered Agent. You must designate an individual	Signature: dual or another
The name and the Florida street address of the	registered agent are:	
<u> ndex nve</u> Nan	estment Group	
1044 N US H Florida street address (P.0	O. Box NOT acceptable)	
Jupiler City	FL <u>3347</u> 7 Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept to acity. I further agree to comply with e performance of my duties, and I a	the appointment as th the provisions of a am familiar with and
Registered Agent's Sig		2018 AUG 30 SEURETARY!
		30 AM S

"AMBR" = Authorized Member	
"MGR" = Manager 1996	Alan R Swift 1044 NUSHWYI SUIT JUPILET FL 33477
	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
	M
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	ent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	With section 605.0203 (1) (b). Florida Statutes. I am aware ent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b). Florida Statutes, Lam aware

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

ARTICLE IV-