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

Office Use Only



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2019 JUL 18 AM 9: 27 SECRETARY OF STATE TALLAHASSEE, FL

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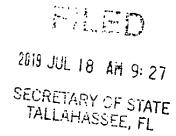
COVER LETTER

Division of C			
SUBJECT:	N	SGL, LL	C
		sulting Florida Limited Co	
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
Tara Friedman			
	(Contact Person)		
Grant Fridkin Pearson	, P.A.		
	(Firm/Company)		
5551 Ridgewood Driv	e, Suite 501		
	(Address)		
Naples, FL 34108			
(1	City, State and Zip Code)		
slabana@hotmail.com			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
Tara Friedman		at (239) 51	4-1000
(Name of Conta	ect Person)	(Area Code) (D	4-1000 aytime Telephone Number)
	for the following amou a bank located in the	•	essed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 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	S:	MAILING	ADDRESS:
New Filing Section		New Filing	
Division of Corporat	ions	Division of P. O. Box 6	Corporations
синов винате		P. O. BOX 0	D3 Z I

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: NSGL, FLP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a family limited partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
April 30, 2007
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
NSGL, 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 day ofJuly	20 19
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Printed Name: Santokh Singh Labana	Title: Manager
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Santokh Singh Labana Printed Name: Santokh Singh Labana	Title: General Partner
Signature: Jorgana Luneman Labana Printed Name: Lorraine Lunneman Labana	Title: General Partner
Signature: Printed Name:	Title:
Signature:Printed Name:	77.1
Printed Name:	Istle:
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
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 I - Nam The name of the Lin		y Company is:		
NSGL, LLC (Mus	contain the work	ds "Limited Liability	Company, "L.L.C.," or "LLC	.:")
ARTICLE II - Add The mailing address		ldress of the pri	ncipal office of the Li	mited Liability Company is:
Principal Office Ac	ldress:		Mailing Address:	
4051 Gulf Shore Boulev Naples, Florida 34103	vard North, Uni	1000		
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	npany cannot ser	ve as its own Registe	Office, & Registered	Agent's Signature: te an individual or another
The name and the F	orida street a	address of the re	gistered agent are:	
,	GFPAC Service	es, LLC		2019 SEC T
	-	Name		
:	5551 Ridgewoo	d Drive, Ste. 501		全国
•			Box NOT acceptable)	B AF
_	Naples		FL 34108	- E 0 0
		City	Zip	: 27 STAT FL
liability compa registered agent a statutes relating	ny at the plac nd agree to a to the proper	e designated in ct in this capaci and complete p	this certificate, I hereby ty. I further agree to co erformance of my dutie	ess for the above stated limited y accept the appointment as comply with the provisions of all es, and I am familiar with and ed for in Chapter 605, F.S
	Registere	d Agent's Sign	ature (REQUIRED)	

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Santokh Singh Labana	
	4051 Gulf Shore Boulevard North, Unit 1000	
	Naples, FL 34103	
MGR	Lorraine Lunnemann Labana	
 	4051 Gulf Shore Boulevard North, Unit 1000	<u> </u>
	Naples, FL 34103	<u></u>
		2019 SE(2
		平台户
(Use attachment if necessary)		SECRETARY OF STATE
ICLE V: Other provisions, if any.		EE, FI

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.

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)