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(Req	uestor's Name)	
bbA)	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:	

Office Use Only



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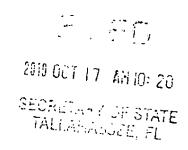
SECRETICATION STATE

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COVER LETTER

TO:	New Filing S Division of C				
SUBJ	IECT: Nettles li	nvestments, LLC			
		(Name of Res	sulting Florida Limit	ed Con	npany)
					nd fees are submitted to convert an "Othe coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concerning	g this matter to:		
Edwa	rd Nettles				
		(Contact Person)			
Nettle	s Investments In	C.			
		(Firm/Company)			
8110	Perry Maxwell Ci	ircle			
	<u> </u>	(Address)			
Saras	ota, FL 34240				
-	(City, State and Zip Code)			
JMora	inStaff@DunlapI	Moran.com			
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fu	ırther informati	on concerning this ma	tter, please call:		
Edwa	rd Nettles		_at (<u>941</u>	371-2	2191
	(Name of Conta	act Person)			time Telephone Number)
		for the following amou a bank located in the	•	rocess	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRI	EET ADDRES	S:	MAILI	NG A	ADDRESS:
New!	Filing Section		New Fi	ling S	Section
	ion of Corporat	ions			Corporations
	n Building Executive Cent	er Circle	P. O. B Tallaha		FL 32314

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:

Netties investments inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (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)
09/07/2011 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Nettles Investments, 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.)
<u>Note:</u> 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 of	
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Signature(s) on behalf of Other Business Entity: See below for required signature(s) Signature: Signature: Signature: Title: Manager Signature: Title: Manager Signature: Title: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partners. If Florida Limited Partnership or Limited Liability Limited Partnership: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certificat Copy: \$30.00 (Optional) Certificat Copy: \$30.00 (Optional)	
	See below for required signature(s)
Signature: Squardw THUES	
Printed Name: Edward Nettles	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signatura:	
Printed Name:	
Printed Name:	Title:
	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Fees for Florida Articles of Organization:	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ime:		
The name of the I	Limited Liability Company	'is:	
Nettles Investments,	LLC		_
(5)	lust contain the words "Limited Lia	ability Company, "L.L.C.," or "L.L.C.,")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of the	e principal office of the Limited Liability	Company is:
Principal Office	Address:	Mailing Address:	
8110 Perry Maxwell	Circle	8110 Perry Maxwell Circle	
Sarasota, FL 34240		Sarasota, FL 34240	<u>-</u>
			_
(The Limited Liability) business entity with ar		ered Office, & Registered Agent's Signa egistered Agent. You must designate an individual or a the registered agent are:	
			9 2
Edward Nettles Name			150 TE
	IN	ane	ALL ALL
	8110 Perry Maxwell Circle		즐겁 그
		P.O. Box NOT acceptable)	
	Sarasota	F[_ 34240	一部の一番
	City	Zip	MID: 20
			m

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Λ	IJ"	ľ	CI	F	IV-

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

_
_ _
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_
SECRE OF
1

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.

Edward Nettles

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)