# L20000279304

| (Re                     | questor's Name)    |           |
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| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | ne)       |
|                         |                    |           |
| (Do                     | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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U7/05/20--01014--00: \*\*185.69



## **COVER LETTER**

| <b>TO:</b> New Filing Section Division of Corporations   |  |
|--|--|
| SUBJECT: Nehoshet LLC  |  |
|  | Resulting Florida Limited Company)   |
|  | rticles of Organization, and fees are submitted to convert an "Other I Liability Company" in accordance with s. 605.1045, F.S.               |
| Please return all correspondence concer  | ning this matter to:   |
| Shannon Onder  |  |
| (Contact Person) Nehoshet LLC  |  |
| (Firm/Company)   |  |
| 55 Route 628   |  |
| (Address)  | <del></del>  |
| Wantage, New Jersey 07461  |  |
| (City, State and Zip Co  | le)  |
| shannononder@gmail.com   |  |
| E-mail Address: (to be used for future annu  | l report notifications)  |
| For further information concerning this  | matter, please call:   |
| Shannon Onder  | at (_ <sup>973</sup> )_527-5373  |
| (Name of Contact Person)   | (Area Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following as dollars and drawn on a bank located in  | nount: (All checks processed by this office must be payable in US he United States)  |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fe and Certificate of Status | and Certified Copy Certified Copy, and Certificate of Status   |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314                                 | Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

## **Articles of Conversion**

And the state of t

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" immedianely Nehoshet LLC                                      | ately prior to the filing of the Articles of Conversion is:  |
|--|--|
| (Enter Name of Other Bu  | isiness Entity)  |
| 2. The "Other Business Entity" is a  | ed partnership, general partnership, common law or business trust, etc.  |
|  |  |
| First organized, formed or incorporated under the lav  | vs of (Enter state, or if a non-U.S. entity, the name of the country)  |
| 09/25/2014<br>on .   |  |
| (date of organization, formation or incorporation)   |  |
| 3. The name of the Florida Limited Liability Compa   | iny as set forth in the attached Articles of Organization:   |
| Nehoshet LLC   |  |
| (Enter Name of Florida Limited L   | iability Company)  |
| the date this document is filed by the Florida Dep   | eipt or filed date nor more than 90 calendar days after eartment of State.) cable statutory filing requirements, this date will not be listed as the |
| 5. The plan of conversion has been approved in acco  | rdance with all applicable statutes.   |
| 6. The "Converted or Other Business Entity" has agree which such members are entitled under ss. 605.1006 | d to pay any members having appraisal rights the amount to and 605.1061-605.1072, F.S.   |

| Signed this 06 day of July  | _ 20 <u> 20</u>  |
|---|--|
| Signature of Authorized Representative of Limi  | ted Liability Company:   |
| Signature of Authorized Representative: Shan Printed Name: Shannon B. Onder   | non B. Onder  Title: Owner                                     |
| Signature(s) on behalf of Other Business Entity:  | See below for required signature(s)                            |
| Printed Name: Spanner & Challe  | Title: Owner   |
| Signature: | Title: Member Maryer   |
| 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 Liabili Signature of one General Partner.   | tv Partnership:  |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.  | ty Limited Partnership:  |
| All others: Signature of an authorized person.  | 2020 JUL   |
| <u>Fees:</u>  |  |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:   | \$25.00<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| principal office of the Limited Liability Company is:  |
|--|
|  |
|  |
| principal office of the Limited Liability Company is:  |
| principal office of the Limited Liability Company is:  |
|  |
|  |
| Mailing Address:   |
| 55 Route 628   |
| Wantage, NJ 07461  |
| (This is a Temporary address until I mov e)  |
| ne registered agent are:   |
| ime  |
|  |
| O. Box NOT acceptable)   |
| FL 32668   |
| Zip  |
| d to accept service of process for the above stated limited lin this certificate. I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S |
|  |

ARTICLE IV-

Service of the servic

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

| <u>Γitle:</u>                       | Name and Address:   |
|-------------------------------------|---|
| 'AMBR" = Authorized Member          |   |
| 'MGR" = Manager                     |   |
| Owner                               | Shannon Onder   |
|                                     | 55 Route 628  |
|                                     | Wantage, New Jersey 07461   |
| 27                                  | Su  |
| i) langur                           | Shana Order   |
| )                                   | 3 Septent CC  |
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| Line attackment if managemy)        |   |
| Use attachment if necessary)        |   |
| REQUIRED SIGNATURE:                 |   |
| <del></del>                         | hannon B. Onder MWN J-s   |
|                                     |   |
| This document is executed in accord | r or an authorized representative of a member dance with section 605.0203 (1) (b). Florida Statutes. I am aware the document to the Department of State constitutes a third degree fellows. |
| Shannon B. Onder                    |   |
|                                     | Typed or printed name of signee   |
|                                     | Filing Fees 220   |
| \$125.00 Filing Fee for Artic       | cles of Organization and Designation of Registered  |
| \$ 30.00 Certified Copy (Op         | otional) \$ 5.00 Certificate of Status (Option  |
| - · · · · · · · ·                   |   |
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## **CERTIFICATE OF FORMATION**

## NEHOSHET LIMITED LIABILITY COMPANY

0400690322

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 09/25/2014 and was assigned identification number 0400690322. Following are the articles that constitute its original certificate.

#### 1. Name:

NEHOSHET LIMITED LIABILITY COMPANY

2. Registered Agent:

SHANNON ONDER

3. Registered Office:

55 ROUTE 628 WANTAGE, NJ 07461

4. Business Purpose:

FENCING AND METAL FABRICATION

5. Effective Date of this Filing is:

10/01/2014

6. Members/Managers:

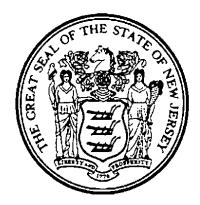
SHANNON ONDER 55 ROUTE 628 WANTAGE, NJ 07461

7. Main Business Address:

55 ROUTE 628 WANTAGE, NJ 07461

#### Signatures:

SHANNON ONDER
AUTHORIZED REPRESENTATIVE



Certification# 133659458

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of September, 2014

\_ 6.0

Andrew P Sidamon-Eristoff

Andrew P Sidamon-Erist State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

Date of this notice: 09-25-2014

Employer Identification Number:

47-1925842

Form: SS-4

Number of this notice: CP 575 G

NEHOSHET SHANNON ONDER SOLE MBR 55 ROUTE 628 WANTAGE, NJ 07461

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1925842. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to use

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If, the tLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business. Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NEHO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

09-25-2014 NEHO O 999999999 SS-4

(IRS USE ONLY) 575G

4 4 7 6

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-25-2014

EMPLOYER IDENTIFICATION NUMBER: 47-1925842

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 bladdddddddddddlalladlaadlaaddddddd

NEHOSHET SHANNON ONDER SOLE MBR 55 ROUTE 628 WANTAGE, NJ 07461