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(C)	
(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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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

FIIONE: 050-550-1500					
ACCOUNT NO. : I2000000195					
REFERENCE : 454298 4305611					
AUTHORIZATION: Squella de man					
COST LIMIT : \$ 150.00					
ORDER DATE : October 12, 2020					
ORDER TIME : 11:35 AM					
ORDER NO. : 454298-005					
CUSTOMER NO: 4305611					
DOMESTIC AMENDMENT FILING NAME: WILLIAM R. NASH, INC.					
NAME: WILLIAM R. NASH, INC. EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

TO: New Filing Section Division of Corporations		
·		
SUBJECT: William R. Nash, LLC (Name of	Resulting Florida Limite	d Company)
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limited		n, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concer	ning this matter to:	
Catherine Wright		
(Contact Person)		
McNees Wallace & Nurick LLC		
(Firm/Company)		
100 Pine Street, PO Box 1166		
(Address)		
Harrisburg, PA 17108		
(City, State and Zip Coc	le)	
cwright@mcneeslaw.com		
E-mail Address: (to be used for future annua	al report notifications)	
For further information concerning this	matter, please call:	
Catherine Wright	at (⁷¹⁷	237-5294 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following ar dollars and drawn on a bank located in t	-	ocessed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	<u>)</u>	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, 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" immed William R. Nash, Inc.	diately prior to the filing of the Articles	of Conversion is:
(Enter Name of Other I	Business Entity)	
2. The "Other Business Entity" is a Corporation	353 529 ited partnership, general partnership, common la	land a land and the land
First organized, formed or incorporated under the la		
on 10/08/1969 (date of organization, formation or incorporation)	(riner state, of it a non-old-entity, the na	ane of the country)
3. The name of the Florida Limited Liability Comp William R. Nash, LLC	pany as set forth in the attached Article	es of Organization:
(Enter Name of Florida Limited	Liability Company)	
4. If not effective on the date of filing, enter the effective date: Cannot be prior to date of rethe date this document is filed by the Florida De Note: If the date inserted in this block does not meet the appidocument's effective date on the Department of State's record	eceipt or filed date nor more than 90 cepartment of State.) clicable statutory filing requirements, this date w	
5. The plan of conversion has been approved in acc	cordance 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 October	20 <u></u>
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Robert F. Whalen	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:Printed Name: Russell P. Nash	
Printed Name: Russell P. Nash	Title: President
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty 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)

Signed this 1st day of October	20 <u></u>			
Signature of Authorized Representative of Lim	ited Liability Company:			
Signature of Authorized Representative: Printed Name: Robert F. Whalen	Title: Manager			
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]			
Signature: Printed Name: Passell P. Nash	Title: President			
Signature:Printed Name:				
Signature:Printed Name:				
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
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	<u>ty Partnership:</u>			
Signature of one General Partner.			2020	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	·-,	007	· · · · · · ·
All others: Signature of an authorized person.			IS PH	हा स्थाप पुरुष 1 है
Fees:		1-	ယ္ သ	(Carry
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

William R. Nash,		ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		of the principal office of the Limited	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
6401 Nob Hill Rd		6401 Nob Hill Rd	
Tamarac, FL 33	321	Tamarac, FL 33321	
		gistered Office, & Registered Agen	
The Limited Liabilit business entity with	y Company cannot serve as its o an active Florida registration.)	gistered Office, & Registered Agen wn Registered Agent. You must designate an ind	Sividual or another
The Limited Liabilit business entity with	y Company cannot serve as its o an active Florida registration.)	wn Registered Agent. You must designate an ind	Sividual or another 2020 OCT
The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address	wn Registered Agent. You must designate an ind	Sividual or another 2020
The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) ne Florida street address	wn Registered Agent. You must designate an ind of the registered agent are:	Sividual or another 2020 OCT 15
The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) The Florida street address Russell P. Nash 6401 Nob Hill Rd	wn Registered Agent. You must designate an ind of the registered agent are:	Sividual or another 2020 OCT 15 PH 3: 3
The Limited Liabilit business entity with	y Company cannot serve as its of an active Florida registration.) The Florida street address Russell P. Nash 6401 Nob Hill Rd	wn Registered Agent. You must designate an ind of the registered agent are: Name	Sividual or another 2020 OCT 15 PH 3:

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 & Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert F. Whalen
	600 South 17th Street, P.O. Box 1746
	Harrisburg, PA 17105
AMBR	HBG, Inc.
	300 North Second Street, Suite 801
	Harrisburg, PA 17101
	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	5)
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felon
Robert F.V	Uhalen ped or printed name of signee
Ту	/ped or printed name of signec
_	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)