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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: NEL ONE GROUP, LLC			
	Resulting Florida Li	mited Company)	
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited			
Please return all correspondence concern	ning this matter to) :	
LIA ALMEIDA			
(Contact Person)			
OGC ASSOCIATES PA			77
(Firm/Company)			(五 *)*
3275 W HILLSBORO BLVD, STE 306			
(Address)			
DEERFIELD BEACH, FL 33442			
(City, State and Zip Cod	e)		'.s. ·
OFFICE@OGCASSOCIATES.COM			ے
E-mail Address: (to be used for future annua	l report notifications	()	
For further information concerning this	matter, please cal	1:	
LIA ALMEIDA	at (⁹⁵⁴	708-2817	
(Name of Contact Person)		de) (Daytime Telephone Nur	mber)
Enclosed is a check for the following an dollars and drawn on a bank located in t	he United States)	<u>_</u>	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fee and Certificate of Status	es		nd
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Stree	ssee

Tallahassee, FL 32303

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

	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a CORPORATION Photo 62200 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	st organized, formed or incorporated under the laws of
on	07/25/2016
OII	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: LONE GROUP, LLC
	(Enter Name of Florida Limited Liability Company)
(Ti the Not doc	If not effective on the date of filing, enter the effective date: ne effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
5.	The plan of conversion has been approved in accordance with all applicable statutes.
	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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
NEL ONE GROUP, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8216 NW 30Th TERRACE, STE 100	8216 NW 30Th TERRACE, STE 100
DORAL, FL 33122	DORAL, FL 33122
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	
OGC ASSOCIATES PA	
Name	
3275 W HILLSBORO BLVD ST	E 306
Florida street address (P.O.	Box NOT acceptable)
DEERFIELD BEACH	FL ³³⁴⁴²
City	Zip
liability company at the place designated in registered agent and agree to act in this capacid statutes relating to the proper and complete p accept the obligations of my position tas reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
(CONTINU	JED)

Signed this Zl day of MAY	_ 20 <u></u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: NAJM, MOHAMAD K	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature:	
Signature: Printed Name: NAJM, MOHAMAD K	Title: P
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	Til
Printed Name:	Little:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili	ty Partnershin
Signature of one General Partner.	<u>, , , , , , , , , , , , , , , , , , , </u>
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> 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)

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ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	NAJM, MOHAMAD K
·	8216 NW 30Th TERRACE, STE 100
	DORAL, FL 33122
	· ·
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree fellower.
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document in a docum	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S. NAJM, MOHAMAD K	with section 605.0203 (1) (b), Florida Statutes, I am aware tl

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)