# -22000523662

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0,000.002.,000.000,000
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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12/08/22--01010--004 \*\*150.00



## COVER LETTER \*\*

	Filing So sion of Co	ection orporations				
SUBJECT:	NASSE,	LLC				
		(Name of Res	ulting	g Florida Lim	ited C	Company)
						and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return	n all corre	espondence concerning	g thi:	s matter to:		
NICK NASSE	=					
		(Contact Person)		•	_	
NASSE, LLC						
		(Firm/Company)			_	
1333 COLLE	GE PARK	WAY #150				
		(Address)			_	
GULF BREE	ZE, FL 32	2563				
	((	City, State and Zip Code)		<del></del> -	_	
BRKRNCK@	AOL.COM	1				
E-mail Add	dress: (to b	e used for future annual rep	ort n	notifications)	_	
For further i	nformatio	on concerning this mat	ter.	płease call:		
NICK NASSE	Ξ		ati	(850	<sub>)</sub> 450	0-7328
(Nam	ne of Conta	ct Person)		(Area Code	:) (D	Daytime Telephone Number)
		or the following amou a bank located in the			proce	essed by this office must be payable in US
\$150.00 Fit (\$25 for Conve & \$125 for Ar of Organizatio	ersion ticles	\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Co	-	Certified Copy, and Certificate of Status
3.5 P					<i>(</i> ** ·	eet Address:
	l <b>ing Addı</b> Filing Se					
	_	orporations				rision of Corporations
P.O.	Box 632	7			The	
Talla	ihassee, I	FL 32314				5 N. Monroe Street, Suite 8105 - 5 lahassee, FL 32303

#### **Articles of Conversion**

or

### "Other Business Entity"

Into

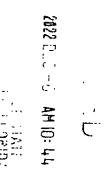
#### Florida Limited Liability Company

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" immediately prior to the filing of the Articles of Conversion is: NASSE CORPORATION
	(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.)
Fi	rst organized, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
OII	6/27/1997 
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	NASSE, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T th <u>No</u>	the effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 30 day of Nov.	_20 <u>22_</u>
Standard BANANS AD AN ASSESSED	S. J. I. S. I. 1920 - 200 - 1
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: 7 Printed Name: Wok H NATSE	Title: Menber Man
Signature(s) on behalf of Other Business Entity:	•
Signature:	
Printed Name: Nick H NISSE	Title: PCES.
Signature:	
Signature:Printed Name:	Title:
Signature:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnership:
Signature of one General Partner.	-
I <u>f Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:
Signatures of <u>ALL</u> General Partners.	<del>-</del>
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
. Hereton or Controllation.	Q-0.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 2022 DEC -6 AM 10: 44

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
NASSE, LLC	
(Must contain the words "Limited Liability	Company, "L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1333 COLLEGE PARKWAY #150 GULF BREEZE, FL 32563	1333 COLLEGE PARKWAY #150 GULF BREEZE, FL 32563
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  NICK NASSE	red Agent. You must designate an individual or another
Name	
1333 COLLEGE PARKWAY #1	50
Florida street address (P.O.	Box NOT acceptable)
GULF BREEZE	FL 32563
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pa	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
M	
Registered Agent's Signa (CONTINU	<u> </u>

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

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Name and Address:  NICLE H. NASSE  1333 College Acmy. #150  Gulf Breeze, FZ 32563
	Gulf Breeze, Ft 32563
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is executed in accorda	or an authorized representative of a member unce with section 605.0203 (1) (b), Florida Statutes. I am aware that ocument to the Department of State constitutes a third degree felony

Typed or printed name of signee

Filing Fees

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