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| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ac                     | ddress)           |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

| Division of Corporations  |  |
|---|--|
| SUBJECT: Nomadic Move   | ment LLC   |
| (Name of Resulting Florida Lim  | ited Company)                                      |
| The enclosed Articles of Conversion, Articles of Organizat<br>Business Entity" into a "Florida Limited Liability Compan                     | ·  |
| Please return all correspondence concerning this matter to:   |  |
| MARK DALY   | <del>-</del>                                       |
| Nowadic Movement L  | <u>C</u>   |
| 817 Gardenia St   | _  |
| Sebastian fl 32958  |  |
| (City, State and Zip Code)  | <del></del>  |
| <u>nomadicanomadic moveme.</u>  | nt. Com  |
| E-mail Address: (to be used for future annual report notifications)   | _ ·  |
| For further information concerning this matter, please call:  | 23 FE SECRE  |
| (Name of Contact Person) at (715) (Area Code  | <u>) 404 1937 🚉 R</u> 💳                            |
| Enclosed is a check for the following amount: (All checks dollars and drawn on a bank located in the United States)                         | processed by this office must be payable in US     |
| ☐ \$150.00 Filing Fees (\$25 for Conversion & S125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of and Certified Co |  |
| Mailing Address:  | Street Address:                                    |
| New Filing Section  | New Filing Section                                 |
| Division of Corporations P.O. Box 6327  | Division of Corporations The Centre of Tallahassee |
| 1.O. DOX 0341   | THE COURT OF Languages                             |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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" immediately prior to the filing of the Articles of Conversion is:  Nomadic movement LLC.  |
|--|
| (Enter Name of Other Business Entity)  |
| 2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| First organized, formed or incorporated under the laws of  |
| on 7/23/2014. (date of organization, formation or incorporation)   |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  |
| (Enter Name of Florida Limited Liability Company)  (Enter Name of Florida Limited Liability Company)   |
| (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 calendardays after the date this document is filed by the Florida Department of State.)  Note: 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.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must contain the words "Limited Liability of  | Ment LLC Company, "L.L.C.," or "LLC.")   |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the prin   | ncipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| Se Bastian E/ 32958  | 817 Gardenia St<br>Sebasian Fl 32958   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another   |
| The name and the Florida street address of the re  | gistered agent are:  |
| MARK DY<br>Name  | 7-1-4  |
| SIF Gardinio<br>Florida street address (P.O.   | Box NOT acceptable)  A Section 1. |
| Sebastian City   | FL 32958 HAND 82 TO 10 10 10 10 10 10 10 10 10 10 10 10 10   |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p                    | 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   |
| Registered Agent's Signa   | ature (REQUIRED)   |

(CONTINUED)

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|-----|--------------|----|----|-----|-----|
| . 3 | $\mathbf{r}$ |    |    | 1 . |     |

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address:                                     |      |              |
|--|---|------|--------------|
| AMBR   | ERIN VUKOVICH<br>817 Cardenia St<br>Sepashan Fl 32958 |      |              |
|  |   |      |              |
| (Use attachment if necessary)                            | ΓĄL   | 23   |              |
| RTICLE V: Other provisions, if any.                      | SSE E   |      | - []<br>- [] |
| REQUIRED SIGNATURE:                                      | e Outour  | 9:21 | C            |

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.

EKIN E VUKOVICH

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)

\$30.00 (Optional)

\$5.00 (Optional)

Certified Copy:

Certificate of Status: