L23000403693

(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



000413587710

2023 AUG 28 AM 10:

1928 / E. F., 4: 3

CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

08/28/2023

Da	ate:	08/28/2023	w: DW
		Acc# 20160000	072 W
Name:	Newport	Group Securities, LL	С
Document #:			
Order #:	1509593)	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destinati Number of Certs:	on:
Filing:	Certifi Plain: COGS		Email Address for Annual Report Notificat
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amou	nt:\$ 180.00	

Thank you!

COVER LETTER

то:	New Filing So Division of C				
CHD		•	Group Securitie	s, LLC	
SUB	JECT:	(Name of Res	ulting Florida Lir	nited Con	ppany)
The o	enclosed Articles ness Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organiza ability Compa	ation, an ny" in ac	d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	se return all corre	espondence concerning	g this matter to);	
Jess	ica Alley				
_		(Contact Person)	,		
Asce	ensus				
		(Firm/Company)			
200	Dryden Road				
		(Address)			
Dres	her, PA 19025				
	((City, State and Zip Code)			
jessi	ca.alley@ascensu	is.com			
E	-mail Address: (to b	e used for future annual re	port notifications)	
For f	further informati	on concerning this ma	tter, please cal	1:	
Jess	ical Alley		at (215	648-	7818
	(Name of Conta	ict Person)		de) (Day	rtime Telephone Number)
		for the following amou a bank located in the			sed by this office must be payable in US
(\$25 & \$11	150.00 Filing Fees for Conversion 25 for Articles ganization)	☐\$155.00 Filing Fees and Certificate of Status	S180.00 Fill and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Corporations 27		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, 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.

c.;
:
r
r
J

Signed this	25th	day of August	20_23
Signature o	of Autho	rized Representative of Limi	ted Liability Company:
0:	C 4 .1	zed Representative:	30)
Signature of	i Authori Robert	Zed Representative: 17,00000	Title: Authorized Representative
runted Ivani	ie. Itobeit	Kapian	THIC. / ISSUED TO THE CONTROL OF THE CONTROL O
Signature(s) on beha	alf of Other Business Entity:	See below for required signature(s)
		_	
Signature: <	1 Colina	3. Jagan	mi 1 Constant
Printed Nam	ie: Robert	Kaplan	Title: Secretary
Sionature:			
Printed Nam	ne:		Title:
Signature: _			Title:
Printed Nam	ne:	<u></u>	Title:
Simultura			
Drinted Now	10.		Title:
Timed Nan		-	
Signature: _			
Printed Nan	ne:		Title:
.			
Signature:			Title:
Printed Nan	1e:		i iic.
If Florida C	Corporati	ion:	
Signature of	f Chairma	in, Vice Chairman. Director, or	Officer.
If Directors	or Office	rs have not been selected, an In	corporator must sign.
		Partnership or Limited Liabili	ty Partnership:
Signature of	one Gen	eral Partner.	
If Florida I	-imited P	'artnershin or Lumited Liabiii	ty Limited Partnership:
		<mark>Partnership or Limited Liabili</mark> Seneral Partners.	ty Limited Partnership:
		eneral Partners.	ty Limited Partnership:
Signatures of All others:	of <u>ALL</u> G	General Partners.	ty Limited Partnership:
Signatures of All others:	of <u>ALL</u> G		ty Limited Partnership:
Signatures of All others:	of <u>ALL</u> G	General Partners.	ty Limited Partnership:
All others: Signature of Fees:	of <u>ALL</u> G	ieneral Partners. prized person.	S25.00
All others: Signature of Fees: Arti	of <u>ALL</u> Good an authoricles of C	General Partners. prized person. Conversion:	
All others: Signature of Fees: Artifice	of <u>ALL</u> Good an authoricles of C	conversion:	\$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Newport Group Securities, LLC		
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
200 Dryden Road	200 Dryden Road	
Dresher, PA 19025	Dresher, PA 19025	
Corporation Service	ce Company ame	
4204 Us	nua Stroot	
	ays Street P.O. Box <u>NOT</u> acceptable)	
Tallahassee	FL 32302	
City	Zip	
liability company at the place designate	nd to accept service of process for the above stated limed in this certificate, I hereby accept the appointment a spacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a	s of all

(CONTINUED)

ARTICLE IV-

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	Newport Group Holdings II, Inc.
AMBR	
	200 Dryden Road
	Dresher, PA 19025
(Use attachment if necessary)	
TICLE V: Other provisions, if any.	
effective date of the filing is August 30, 202	3.
-	
REQUIRED SIGNATURE:	^
MEQUITED WOMEN STORY	
\	J 11/2

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.

Joseph Dansky, Secretary of Newport Group Holdings II, Inc. the sole member

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)