# 123000467702

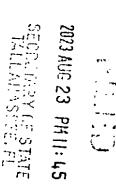
(Re	equestor's Name	)
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100413363701

08/04/23--01011--024 \*\*150.00



W13000114990



August 23, 2023

FILINGS TEAM 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

SUBJECT: NELCO ENTERPRISES LLC

Ref. Number: W23000114990

We have received your document for NELCO ENTERPRISES LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey OPS Clerk

Letter Number: 023A00019584



## **COVER LETTER**

TO: New Filing S Division of C							
SUBJECT: Nelco Ent	erprises LLC						
SUBJECT.		ulting Florida Limi	ted Com	pany)	_		
		_		d fees are submitted to ecordance with s. 605.1			ther
Please return all corre	espondence concerning	g this matter to:					
Filings Team	1		_				
Northwest Reg	(Contact Person) gistered Agent Ll	_C					
7901 4th St	(Firm/Company) V STE 300		-				
	(Address)		_				
St. Petersbu	rg, FL 33702						
	City, State and Zip Code)	• *	_				
eastern@north	westregistereda	gent.com	_				
E-mail Address: (to b	e used for future annual re	port notifications)	_				
For further informati	on concerning this ma	tter, please call:					
(Name of Conta	ct Person)	_at (	_) ) (Day	time Telephone Number)	-		
	or the following amou a bank located in the	-	orocess	ed by this office must b	oe payab	le in U	JS
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		S185.00 Filing Fees, Certified Copy, and Certificate of Status			
of Organization)					_:? _::	2002	
Mailing Add New Filing S	ection		New F	Address: Filing Section		2023 (105)	-
Division of C P.O. Box 632	•			on of Corporations entre of Tallahassee		23	,
Tallahassee, I			24151	N. Monroe Street, Suite assee, FL 32303	810 <sup>-</sup>	PH II:	سيين

### Articles of Conversion

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: Nelco Enterprises LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
01/13/2023
On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Nelco Enterprises LLC
(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 calendar days 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.

Signed this	s <u>1st</u>	_ day of	August	20 <u>23</u>
Signature	of Author	ized Repre	sentative of Lir	nited Liability Company:
			21	M The
Signature (	of Auth <mark>or</mark> iz	ed Represe	ntative: 140	M Talbora
Printed Na	me: Nichola	s Nelson		Title: MGR
Signature(	(s) on beha	f of Other I	Business Entity:	[See below for required signature(s)]
Signature:	The	J 7	Wood	
Printed Na	me Nichola	s Nelson		Title: MGR
T TIMOG TVA				Title.
Signature:				
Printed Na	me:			Title:
Signature:				
Printed Nau	me:			Title:
Drinted No.	no:		•• • • • • • • • • • • • • • • • • • • •	Title:
i tilited ival	<u>.</u>			( ) ( ) ( )
Signature:				
Printed Na	ne:			Title:
Signature:				49.1
Printed Nai	ne:			Title:
If Florida (	Cornovatio			
			man, Director, o	r Officer.
_				ncorporator must sign.
			<u>r Limited Liabi</u>	lity Partnership:
Signature o	f one Gener	ral Partner.		
te ela sida d	liniand Du	and an annual of an annual		Dec Charles & Danier, and the
		<u>rtnersnip o</u> n <b>c</b> ral Partne		lity Limited Partnership:
orginatures (	OI <u>MED</u> CIC	notal Fattire	13.	
All others:				
	f an authori	zed person.		
_		•		
Fees:				
A +++	icles of Co	nversion		\$25.00
			of Organization:	\$23.00 \$125.00
	tified Copy		or Organization.	\$30.00 (Optional)
	tificate of S			\$5.00 (Optional)
~ · · ·				we to a feet to the state of th

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Nelco Enterprises LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "U.C.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	/ is:

Principal Office Address:	Mailing Address:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Northwest Registered Agent LLC	
Name	
7901 4th St N STE 300	
Florida street address (P.O. Box	( <u>NOT</u> acceptable)
St. Petersburg	33702
City	Zip

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's Signature (REQUIRED)

(CONTINUED)

Δ	RTI	(C')	LF:	W.

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	Attalanta - Not		
IVIGR	Nicholas Nelson		
	776 harbor winds dr		
	Jacksonville FL 32225		
	·		
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
(Use attachment if necessary)			
(vio minoritient in necessary)			
LE V: Other provisions, if any.			
CE V. Other provisions, it any.			
777			
DEATHER OLDS AND OLD			
REQUIRED SIGNATURE:			
Nat Smi	ナルノ		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ ' ()		
Signature of a member or a	n authorized representative of a member		
engiatore of a member of a	n anthorized representative of a incliner		
This document is executed in accordance w	with section 605.0203 (1) (b), Florida Statutes, I am assure cent to the Department of State constitutes a third degree f		

Nat Smith

Typed or printed name of signee

Filing Fees

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)