La4000287073

(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:
06119124

Office Use Only



100429325571

S. C. 11/2 6

05/14/24--01001--013 **150.00



W24000078440

T.J.H 5/22/24



May 22, 2024

NICOLE URBANCZYK 8992 ARTISAN WAY SARASOTA, FL 34240 US

SUBJECT: NSU LLC

Ref. Number: W24000078440

We have received your document for NSU 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Tabitha J Howell Regulatory Specialist II

Letter Number: 724A00011216

www.sunbiz.org

COVER LETTER

TO: New Filing S Division of C	Section Corporations			
SUBJECT: NSU LL	.c			
 -		sulting Florida Lim	ited Company)	
Business Entity" int	o a "Florida Limited L	iability Compan	tion, and fees are submitted by" in accordance with s. 60	I to convert an "Other 05.1045, F.S.
ricase return an con	respondence concernir	ig this matter to:		
Nicole Urbanczyk				
	(Contact Person)		-	
NSU LLC				
	(Firm/Company)	 	- -	
8992 Artisan Way				
	(Address)		_)
Sarasota, FL 34240				LINA TINA
(City, State and Zip Code)		-	
nicole.s.urbanczyk@g	• •			الرسط م
E-mail Address: (to b	oe used for future annual re	port notifications)	_	eri .
For further informati	on concerning this ma	tter, please call:		
Nicole Urbanczyk			041 0222	
(Name of Conta	urt Person)	_at (/Od) 941-9333 (Daytime Telephone Number	
Enclosed is a check t	,	ınt: (All checks p	processed by this office mu	
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		,
Mailing Add	ress:		Street Address:	•
New Filing Se			New Filing Section	
Division of C	•		Division of Corporations	
P.O. Box 632	7		The Centre of Tallahassee	

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 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:
(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
(Enter state, or if a non-U.S. entity, the name of the country)
2021/02/11 on
(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)
The 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 locument's effective date on the Department of State's records.
i. 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 7 day of May		
Signature of Authorized Representative of Lin		
Signature of Authorized Representative: 2222 Printed Name: Nicole 3. Urbanczy k	Le S Mbmeyek	, _ •
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]	*
Signature: Licole S. Melana Printed Name: Nicole 5. Web one 34k	ditle: Manh	, -
Signature: Printed Name:	Title:	- -
Signature:		
Signature: Printed Name:	Title:	- -
Signature: Printed Name:	Title:	. -
Signature: Printed Name:	Title:	-
		-
Signature: Printed Name:	Title:	•
If Florida Corporation:		49
Signature of Chairman, Vice Chairman, Director, or	Officer.	20
If Directors or Officers have not been selected, an In	corporator must sign.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	
		TO THE REPORT OF THE PARTY OF T
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	8. T
All others:	3	المستر الم
Signature of an authorized person.	•	
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	
	· · · · · · · · · · · · · · · · · · ·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
NSU LLC (Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
8992 Artisan Way Sarasota, FL 34240	8992 Artisan Way Saras	ota, FL 34240
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate	agent's Signature: an individuator another
The name and the Florida street address of th Nicole Urbanczyk	e registered agent are:	
Na	me	9
8992 Artisan Way		355 3 17
Florida street address (P	O. Box NOT acceptable)	6:5
Sarasota	FL ³⁴²⁴⁰	8
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)

HARADDU A A	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Nicole Urbanczyk
	8992 Artisan Way
	Sarasola, FL 34240
	49
	<u> </u>
	2) #3252 200 #3252
(Use attachment if necessary)	
,	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
	cole S. Usbanasek
LE V: Other provisions, if any. REQUIRED SIGNATURE:	iole S. Usbanazejk
	cole S. Usbanazejk
REQUIRED SIGNATURE: 121	n authorized version of
Signature of a member or a	n authorized representative of a member
Signature of a member or a	
Signature of a member or a This document is executed in a document any false information submitted in a document and false information submitted in a document a	n authorized representative of a member
Signature of a member or a This document is executed in accordance vany false information submitted in a document as provided for in s.817.155, F.S. Nicole Urbanczyk	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ent to the Department of State constitutes a third degree for
Signature of a member or a This document is executed in accordance v any false information submitted in a docum as provided for in s.817.155, F.S. Nicole Urbanczyk Type	n authorized representative of a member

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

ARTICLE IV-