## #P12000022959

(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



400223786204

03/07/12--01021--004 \*\*113.75

HILED 12 HAR -5 PH I: LLE SEGNETARY OF STATE ALL AHASSEE FRODING

K. SALY EXAMINER MAR 8 2012

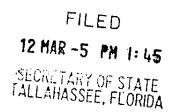
## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: NSA T	ITLE SERVICES IN	С	
		Resulting Florida Profit Cor	poration
			a, and fees are submitted to convert an cordance with s. 607.1115, F.S.
Please return all corr	espondence concernin	g this matter to:	
MAURICE ROBIN	SON		
	Contact Person		
FIRM OF ROBIN	ISON, CRAIG & F	ROGERS INC	
	Firm/Company		•
1901 W COLONIAL	DR STE 11 Address		
ORLANDO, FL 32	2804 City, State and Zip Code		
	cher Ocfl.r.	com eport notification)	
For further informati	on concerning this ma	tter, please call:	
		_at ()	
Name of Con	•	·	me Telephone Number
Enclosed is a check f	or the following amou	int:	
□ \$105.00 Filing Fees	✓\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	<u>S:</u>	MAILING A	
Registration Section		Registration S	
Division of Corporati Clifton Building	ions	Division of C P. O. Box 633	•
2661 Executive Center	er Circle	Tallahassee, I	
Tallahassee, FL 3230		i ananassee, i	I L J2J14

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
NSA TITLE SERVICES LLC #L11000124457
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC  (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Other Business Entity" was first organized, formed or incorporated  3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
NSA TITLE SERVICES INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this29TH . day of FEBRUARY	, 20_12
Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F	s document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, Oselected, an Incorporator:  Printed Name: NORVAL ARCHER  Title: F	<u> </u>
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informati s.817.155, F.S. [See below for required signature(s).]  Signature:  Printed Name: SONQUE ARCHER	on constitutes a third degree felony as provided for in
Printed Name: SONQUE ARCHER	Title: VICE PRESIDENT
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional)

\$8.75 (Optional)

Certificate of Status:

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FIL	.ED	)	
12 MAR -5	PH	<b>/:</b>	45

		LL OLIV	ICES THOUSEE, FLO
RTICLE II			
4376 MED	Principal <u>street</u> address ALLION DR		Mailing address, if different is:
UNIT 1108			<del></del>
ORLANDO,	FL 32808		
RTICLE III P			
e purpose for wh	ich the corporation is organized is:		
O ENGAGE IN ANY	ACTIVITY OR BUSINESS PERMITTED UN	DER THE LAWS OF THE ST	ATE OF FLORIDA AND THE UNITED STATE
RTICLE IV	SHARES		
e number of share	0 . 1 .		
	100		
RTICLE V	INITIAL OFFICERS AND/OR DIR		
	e: NORVAL ARCHER / PD		SONIQUE ARCHER / VPD
Address:	4376 MEDALLION DR UNIT 1109	Address:	4376 MEDALLION DR UNIT 1108
	ORLANDO, FL 32808	<del></del>	ORLANDO, FL 32808
			·
Address:		Address:	
		<u>.                                    </u>	
Name and Title	e:	Name and Title	
Address:		Address:	
		· <del></del>	SONIQUE ARCHER
	ECICAEDED ACENT		
RTICLE VI R	REGISTERED AGENT da street address (P.O. Box NOT accep	table) a Ctha aletemed a	and the
Name:	SONIQUE ARCHER	nable) of the registered age	nt is:
Address:	4376 MEDALLION DR UNIT 1108		
	ORLANDO, FL 32808		
		<u>-</u>	
	NCORPORATOR		
	ess of the Incorporator is:		
Name:	SONIQUE ARCHER		
Address:	4376 MEDALLION DR UNIT 1108	<del></del>	
	ORLANDO, FL 32808		
ving been named	as registered agent to accept service of	f process for the above sta	ted corporation at the place designated
certificate. I am	familiar with and accept the appointmen	nt as registered agent and i	noree to act in this canacity
	, / /	w no regional and and a	S, so to det in this enjoyetty
	And	02/29/12	
Somery 1.	Positional Simulation / Desirement Asset		
Soniqu 1.	d Signature/Registered Agent	Date	

Required Signature/Incorporator