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| (Requestor's Name) | | | | | |
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| (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: | | | | | |
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T. SCOTT



August 6, 2014

NICOLE GRAY 6777 WINKLER ROAD FORT MYERS, FL 33919

SUBJECT: NICOLE GRAY, P.A. Ref. Number: W14000048064

We have received your document for NICOLE GRAY, P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please remove any and all lawful business from purpose statement.,

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 914A00016859

COVER LETTER ۱ د TO: Charter Section Division of Corporations Nicole Gray, P.A. The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S. Please return all correspondence concerning this matter to: Nicole Gray Contact Person Firm/Company 6777 Winkler Road Fort Myers, FL 33919 City, State and Zip Code Follourdestiny@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Nicole Gray

Name of Contact Person

Enclosed is a check for the following amount:

Status

■ \$105.00 Filing Fees

□S113.75 Filing Fees and Certificate of

□\$113.75 Filing Fees and Certified Copy

□\$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation 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: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NMG Holdings, LLC - L12000 36392 |
| 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) |
| on 3/19/2012 |
| 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: n/a |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation: |
| Nicole Gray, P.A. |
| 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 results. |
| effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.) |
| Page 1 of 2 |

| Signe | d this 29th | day of July | , 2014 | |
|--------------------------|--------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|-------------|
| Requ | ired Signatur | e for Florida Profit Co | rporation: | |
| Signa been Printe | ture of Chairm selected, an Incel d Name: Nicole | nan, Vice Chairman, Dir corporator: Muliu e Gray | ector, Officer, pr, if Directors or Officers Title: Director | have not |
| | | | usiness Entity: [See below for required | |
| signat | ure(s).] | | | |
| | | ide m. Shaif | m'.l Managa | |
| | d Name: Nicole | • | Title: Manager | |
| Signat Printe | ure:d Name: | | Title: | |
| | | , | | |
| Printe | d Name: | | Title: | |
| Signat | ure: | | | <u>_</u> |
| Printe | d Name: | | Title: | |
| Signat Printe | ure: | | Title: | |
| | | | | |
| Signat Printed | ure: i Name: | | Title: | |
| <u>If Flo</u> i | ida General P | artnership or Limited I | iability Partnership: | |
| | ure of one Gen | | | ments ville |
| <u>If Flor</u> Signat | rida Limited P | artnership or Limited I eneral Partners. | Liability Limited Partnership: | TOO THE |
| _ | _ | | | 3 2 |
| <u>II Fioi</u> Signat | ure of a Membe | iability Company: er or Authorized Represe | ntative. | |
| All oth Signati | uers: ure of an author | rized person. | | AH D: 30 |
| Fees: | | | | 3 . |
| | Certificate of Fees for Flori Certified Cop | da Articles of Incorpora | \$35.00 tion: \$70.00 \$8.75 (Optional) | |
| | Certificate of | Status: | \$8.75 (Optional) | |

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

| The name | of the corporation shall be: Nicole Gra | ay, P.A. | | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|--|
| ARTICL. | E II PRINCIPAL OFFICE pal place of business/mailing address is: | | | |
| rne princi | Principal street address | Mailing address, if d | g address, if different is: | |
| 6777 | Winkler Rd. #N278 | | | |
| Fort I | Myers, FL 33919 | | | |
| | EIII PURPOSE use for which the corporation is organized is: MURCIAL REAL ESTATE | | | |
| | | | | |
| The number of shares of stock is: | | ea) | # OCT | |
| <u>ARTICLI</u> | | IRECTORS | 007.13 | |
| Name and | Title: Nicole Gray - Director 6777 Winkler Road #N278 | Name and Title: | A | |
| Address: | Fort Myers, FL 33919 | Address: | 10:30 | |
| Name and Title: | | Name and Title: | 22 | |
| Address: | | Address: | | |
| Name and | Title: | Name and Title: | | |
| Address: | | Address: | | |
| ARTICLE The name Name: Address: | E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac Nicole Gray 6777 Winkler Road #N278 | eceptable) of the registered agent is: | | |
| | Fort Myers, FL 33919 | | | |

| The name | VII INCORPORATOR | | |
|-------------|-------------------------------------------------------------------------------------|---------|-------------|
| THE HAIRE | and address of the Incorporator is: | | |
| Name: | Nicole Gray | _' | |
| Address: | 6777 Winkler Rd. #1 | J278 | |
| | Ft. Myers; FL 339 | 19 | |
| | • | | |
| ***** | *********** | ******* | ****** |
| | en named as registered agent to accep in this certificate, I am familiar with an | | |
| 9111 | to m. Hay | | nlanli4 |
| rau | Required Signature/Registered Agent | | 7/27// Date |
| I submit th | | | |