(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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·

Office Use Only



100392113531

S. CHATHAM

AUG - 8 20'CL

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 8536347 4306747	
AUTHORIZATION : Spelle was	
COST LIMIT : \$ 180.00	
ORDER DATE : August 3, 2022	
ORDER TIME : 12:25 PM	
ORDER NO. : 853634-005	
CUSTOMER NO: 4306747	
**************************************	
DOMESTIC AMENDMENT FILING	
NAME: SOLAI & CAMERON, INC.	
	ري د د د د د د د د د د د د د د د د د د د
EFFECTIVE DATE:	22 AUG -3
	ub ·
XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION	· · · · · · · · · · · · · · · · · · ·
RESTATED ARTICLES OF INCORPORATION	>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	•
XX CERTIFIED COPY PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Eyliena Baker EXT#	

EXAMINER'S INITIALS:



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2022

CORPORATION SERVICE COMPANY

SUBJECT: SOLAI & CAMERON, LLC

Ref. Number: W22000101166



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

The Articles of Conversion needs to have the original formation date, not the previous conversion date.

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

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 222A00017429

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Solai & Cameron, LLC	
	ulting Florida Limited Company)
	les of Organization, and fees are submitted to convert an "Other ability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:
Gayle Aiken, Paralegal	
(Contact Person)	
Honigman LLP	PS
(Firm/Company)	
660 Woodward Avenue, Suite 2290	5
(Address)	w
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Detroit, MI 48226 (City, State and Zip Code)	
gaiken@honigman.com  E-mail Address: (to be used for future annual re	nort notifications)
For further information concerning this may	
Gayle Aiken	at ( 313 ) 465-7208
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the	int: (All checks processed by this office must be payable in US United States)
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  ☐ \$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing Fees and Certified Copy  Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Co Solai & Cameron, Inc.	onversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a <u>corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or	business trust, etc.)
First organized, formed or incorporated under the laws ofFlorida (Enter state, or if a non-U.S. entity, the name of	the country)
on 02/01/1995 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	Organization:
Solai & Cameron, 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 calent 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 no 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 right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	is the amount to 2 AUG = 3 AU 12:

Signed this 3rd day of August	20
Signature of Authorized Representative of Limi	ited Liability Company:
	allar Solai
Signature of Authorized Representative:  Printed Name: Mallar R. Solai	Title: Authorized Representative
I filled Hame.	The Page 1
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Si	
Signature:	Title: President
Times rane.	
Signature:	
Printed Name:	Title:
Signature	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:
Signature of one General Farmer.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	<del>-</del>
A.W. salas sa	
All others: Signature of an authorized person.	
Signature of all audiorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

22 AUG - 3 12 7:06

ADTICLE L. Name				
ARTICLE I - Name: The name of the Limited Liabil	ity Company is	:		
Solai & Cameron, LLC				
(Must contain the wo	ords "Limited Liabil	ity Company, '	"L.L.C.," or "LI	.C.")
ARTICLE II - Address:				
The mailing address and street	address of the p	rincipal of	fice of the L	imited Liability Company is:
Principal Office Address:		Mailing	g Address:	
7680 Universal Boulevard, Suite 100	0	768	0 Universal Bo	ulevard, Suite 100
Orlando, Florida 32819			ndo, Florida 3	<del></del>
Corporation	Service Company			_ <u>_</u>
	Nam	ne		
1201 Hays	Street			
Florida str	eet address (P.C	). Box <u><b>NO</b></u>	T acceptabl	e)
Tallahasse	18	FL	32301	
	City		Zip	
				cess for the above stated limited
	_	-		by accept the appointment as comply with the provisions of all
•	•		~	ies, and I am familiar with and
_ , ,	-			ided for in Chapter 605, F.S
Согро	ration Service Com	ipany		2/2
By:Laur	el Bietsch			22 AUC.
	red Agent's Sig	nature (RE	QUIRED)	, t.

(CONTINUED)

Laurel Bietsch

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Maliar R. Solai		
	3410 N. Lake Shore Drive		
	Chicago, Illinois 60657		
<u></u>			
(Use attachment if necessary)			
CLE V: Other provisions, if any.			
-			

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.

Mallar R. Solai

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)