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236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN			
	PICK UP	MARIA 6/20	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	CONVERSION	
	ZAHARA VENTURES INC L'ORPORATÉ NAMÉ AND DOCUME		
((LÔRPORATE NAME AÑO DOCUME	Ν΄Γ #)	
((CORPORATE NAME AND DÖCUME	N'Γ it)	
(0	CORPORATE NAME AND DOCUME	NT #)	
((ORPORATE NAME AND DOCUME	NT #)	
((CORPORATE NAME AND DOCUME	NT #)	
ECIAL I	NSTRUCTIONS:		

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 o ZAHARA VENTURES INC.	f the Articles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION	
(Enter entity type. Example: corporation, limited partnership, general partner	ship, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFLORIDA	٠,
(Enter state, or if a non-U.	S. entity, the name of the country)
on	<u>်</u>)
(date of organization, formation or incorporation)	, <u>сл</u>
3. The name of the Florida Limited Liability Company as set forth in the atta	ched Articles of Organization:
ZAHARA VENTURES 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 me the date this document is filed by the Florida Department of State.)	ore than 90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable	e statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members hav	ing appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 21 day of SEPTEMBER	20 <u>_23</u>
Signature of Authorized Representative of L	imited Liability Company:
Signature of Authorized Representative:Printed Name: SIDDHARTH KAUL	13+C
Driver Norway SIDDHARTH KALII	ALL MCDM
Printed Name: SIDDHARTH RAGE	
Signature(s) on behalf of Other Business Entit	y: [See below for required signature(s)]
Signature:	
Printed Name: SIDDHARTH KAUL	Title: PRESIDENT
į	
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	litle:
Signature:	
Signature: Printed Name:	Tiples
Trined (valie.	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	Incorporator must sign.
	<u>-</u>
<u>If Florida General Partnership or Limited Lial</u>	oility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:
Signatures of ALL General Partners.	
A II a AL	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization	\$25.00 : \$125.00
Certified Copy:	
Certificate of Status:	\$30.00 (Optional)
certificate of status.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
ZAHARA VENTU	RFSIIC			
		Liability Cor	npany, "L.L.C.," or "LLC.")	
		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the L	imited Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Ad	idress:
8709 BRIXFORD ST		<u> </u>	8709 BRIXFORD ST	
ORLANDO, FL 328	336		ORLANDO, FL 32836	
(The Limited Liability Companianother business entity with an The name and the Florida street	active Florida registration	on.) d agent are: L Name	gome ou must designate un	individual of
	Florida street addres		(OT acceptable)	
	ORLANDO	FL	32836	
	City	State	Zip	
Having been named as registered place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as re elating to the p as registered t	gistered agent and agree to ac proper and complete performa agent as provided for in Chapt Signature (REQUIRED)	et in this capacity. I

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	ZAHARA N MERCHANT 7343 W SAND LAKE ROAD APT 215 ORLANDO, FL 32819
MGR	SIDDHARTH KAUL 8709 BRIXFORD ST ORLANDO. FL 32836
(Use attachment if necessary)	
the date of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
I his document is executed in I am aware that any false infi	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
<u>SIDDHARTH KAUL</u>	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)