# 13000126003

| (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



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2013 SEP -5 PH 12: 29
SECRETARY OF STATE
AND AHASSEE, FLORIDA

B. BOSTICK
SEP **0 6** 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: Changing name from Sivalee Inc to Sivalee LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

| Sarinan Holiman   |  |                            |                    |  |
|---|--|----------------------------|--------------------|--|
| (Contact Person)  |  |                            |                    |  |
| Sivalee LLC   |  |                            |                    |  |
| (Firm/Company)  |  |                            |                    |  |
| 3505 East Frontage Road Suite 138   |  |                            |                    |  |
| (Address)   |  |                            |                    |  |
| Tampa, FL 33607   |  |                            |                    |  |
| (City, State and Zip Cod  | e)                                     |                            | 2013 SEP<br>SECRET | ************************************** |
| E-mail address: (to be used for future annual rep   | ort notifications)                     |                            | 1                  | e, com                                 |
| For further information concerning this   | matter, please call:                   |                            | SSEE S             | Ţ";                                    |
| Sarinan Holiman   | at ( 813 )                             | 289-4512                   | PH Z:              | C                                      |
| (Name of Contact Person)  | (Area Code a                           | nd Daytime Telephone Numbe | ツ 25 へ             | )                                      |
| Enclosed is a check for the following an  | nount:                                 |                            | <u> </u>           | )                                      |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fee and Certified Copy |                            |                    |  |

#### STREET ADDRESS:

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

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

# **Certificate of Conversion**

For

### "Other Business Entity"

Into

# Florida Limited Liability Company

This Certificate 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.608.439, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately 1  | prior to the filing of this Certificate of    |             |
|---|---|-------------|
| Conversion is:  | P13000043751                                  | ,           |
| Sivalee Inc (Enter Name of Other B  | <del></del>                                   |             |
| (Entername of Other B   | usiness Entity)                               |             |
| 2. The "Other Business Entity" is a Corporation   |   |             |
| (Enter entity type. Example: corpor general partnership, common lav   |   |             |
| first organized, formed or incorporated under the laws of 1   |   |             |
| (Enter state, or if a non-U.S. entity,  | , the name of the country)                    |             |
| on 05/16/2013   | ·   |             |
| (Enter date "Other Business Entity" was first   | organized, formed or incorporated)            |             |
| <ul> <li>3. If the jurisdiction of the "Other Business Entity" was clawhich it is now organized, formed or incorporated:</li> <li>N/A</li> <li>4. The name of the Florida Limited Liability Company as Organization:</li> </ul> | set forth in the attached Articles of -5      |             |
| Sivalee LLC   | <u>ு, ]</u>                                   | -<br>gr = . |
| (Enter Name of Florida Limite   |   |             |
| 5. If not effective on the date of filing, enter the effective  |   |             |
| (The effective date: 1) cannot be prior to nor more tha filed by the Florida Department of State; <u>AND</u> 2) must attached Articles of Organization, if an effective date is   | be the same as the effective date listed in t | be          |
| 6. The conversion is permitted by the applicable law(s) go conversion complies with such law(s) and the requirements  |   | on.         |

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

currently organized, formed or incorporated.

|   | 1   |                           |
|---|---|---------------------------|
| Signed this 5 day of Septemb  | per 20 <u>13</u> .  |                           |
|   | Representative of Limited Liability Company: ts stated in this document are true. Any false infoovided for in s.817.155, F.S. |                           |
| Signature of Member or Authorized Re<br>Printed Name: Sarinan Holiman                                       | epresentative: Title: MGR   | <del>-</del>              |
|   | ess Entity: Individual(s) signing affirm(s) that the<br>rmation constitutes a third degree felony as provi<br>  signature(s). |                           |
| Signature: Sivalee M.   |   |                           |
|   | Title: President  | <del>-</del>              |
| Signature:   Signature:   | 1 -   |                           |
|   | Title: Treasury   | <del></del>               |
|   |   | -                         |
| Signature:Printed Name:   | Title:  | _                         |
| Timed Name.   | Title.  | _                         |
|   |   | <del></del>               |
| Printed Name:   | Title:  | _                         |
| Signature:  |   |                           |
| Printed Name:   | Title:  | <del></del>               |
| Signature:  |   |                           |
| Printed Name:   | Title:  | <del>-</del>              |
| If Florida Corporation: Signature of Chairman, Vice Chairman, If Directors or Officers have not been se     | Director, or Officer.   |                           |
| If Florida General Partnership or Lin Signature of one General Partner.                                     | nited Liability Partnership:  | 20<br>IA                  |
| If Florida Limited Partnership or Lim Signatures of ALL General Partners.                                   | nited Liability Limited Partnership:  | Z013 SEP -5 Z013 SEP -5   |
| All others: Signature of an authorized person.  |   | -5 PM<br>-5 PM<br>-SSEELF |
| Fees:   |   | PNI2: 29                  |
| Certificate of Conversion: Fees for Florida Articles of Organization Certified Copy: Certificate of Status: | \$25.00<br>on: \$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional)  | . <del>-</del>            |

\$30.00 (Optional) \$5.00 (Optional) Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   |  | •                                    |  |
|---|--|--------------------------------------|--|
| Sivalee LLC   |  |                                      |  |
| (Must end with the words "Limited Liability Company, the ab           | breviation "L.L.C.," or the designation "LLC."         | ")                                   |  |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liab                    | ility Company is:                    |  |
| Principal Office Address:   | Mailing Address:                                       |                                      |  |
| 3505 East Frontage Road Suite 138 Tampa, FL 33607                     | 3505 East Frontage Road Suite 138 Tampa, FL 33607      |                                      |  |
| The name and the Florida street address of the                        | registered agent are:                                  | 21                                   |  |
| Sarinan Holiman   |  | <u>~</u> 6                           |  |
| <u>Sarinan Holiman</u>  | Name   | NEUR<br>NEUR                         |  |
| Sarinan Holiman  3505 East Frontag                                    |  | ZUI3 SEP -<br>ZUI3 SEP -<br>SEURE PA |  |
| 3505 East Frontag   |  | SSE J                                |  |
| 3505 East Frontag<br>Florida street addres                            | e Road Suite 138<br>s (P.O. Box <u>NOT</u> acceptable) | SSE J                                |  |
| 3505 East Frontag<br>Florida street addres<br>Tampa, FL 33607         | e Road Suite 138                                       | (0)22 1 600                          |  |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u>   | <u>Name</u>                                      | e and Address:   |             |           |  |
|---|--|--|-------------|-----------|--|
| "MGR" = Manager   |  |  |             |           |  |
| "MGRM" = Managing                                       | g Member   |  |             |           |  |
| MGRM  |  | Sivalee Thongsuriyapong  |             |           |  |
| · · · · · · · · · · · · · · · · · · ·                   |  | 3505 East Frontage Road Suite 138  |             |           |  |
|   |  | Tampa, FL 33607  |             |           |  |
| MGR   |  | Sarinan Holiman  |             |           |  |
| ·   |  | 3505 East Frontage Road Suite 138  |             |           |  |
|   |  | Tampa, FL 33607  |             |           |  |
|   |  |  | <del></del> |           |  |
|   |  |  | 72.00       | 20        |  |
|   |  |  | <del></del> | 2013      | And the second                         |
|   |  |  | 五百          | SEP       | [ )                                    |
|   |  |  | S           | i.        | 4                                      |
|   |  |  | <u> </u>    | <u></u> - | 177                                    |
|   |  |  |             | 3         |  |
| (Use attachment if neo                                  | cessary)   |  | OR<br>OR    | PH 12:    | ************************************** |
| •   |  | -0 13  | Ξr.         | 29        |  |
| ARTICLE V: Effective dat                                | e, if other than the                             | e date of filing: 09-05-13 (OPTIONAL)  |             |           |  |
|   |  | (OPTIONAL) or more than 90 days after the date this  | dooum       | ant is f  | ilad by                                |
| •   | •  | must be the same as the effective date li  |             |           |  |
| Certificate of Conversion, i                            |  |  |             |           |  |
|   |  |  |             |           |  |
| REQUIRED SIGNATURI                                      | E:   |  |             |           |  |
|   | Si the   |  |             |           |  |
| Signature of a  | member or an auth                                | orized representative of a member.   |             |           |  |
| the penalties of perjury the document to the Department | at the facts stated he<br>ent of State constitut | la Statutes, the execution of this document constitute in are true. I am aware that any false information tes a third degree felony as provided for in s.817.1 | n submit    | ted in a  | on under                               |
|   | SARINAN  | HOLIMAN<br>printed name of signee  |             |           |  |
|   | Typed or r                                       | printed name of signee   | -           |           |  |
|   |  |  |             |           |  |