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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. SCOTT JAN 7 2019

### **COVER LETTER**

TO:	Registration Section Division of Corporations				
	•				
SUBJ	VECT: Raizada Group, LLLP	D- 4		To be of Deserve a Line	
	Name of Resulting Florida Limited I	Partnership or Limi	ted Liability Li	imited Partnership	
submi	nclosed Certificate of Conversion, Certitled to convert an "Other Organization ed Liability Limited Partnership in acc	i" into a Florida	Limited Part	tnership or	
Please	e return all correspondence concerning	this matter to:			
Mark S	S. Feluren, Esq.				
	Contact Person				
Genov	rese Joblove & Battista, P.A.				
	Firm/Company				
200 E.	Broward Blvd., Suite 1110			<b>1</b> ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥ 2 ≥	
	Address				<b>T</b>
Fort La	auderdale, FL 33301			2811 DEC 20 Se rànd	
	City, State and Zip Code			20	1
_	@wpłlc.com			÷ >	, ;
E-	mail address: (to be used for future annual rep	ort notification)			١_
For fu	orther information concerning this matt	er, please call:		. 30	
Mark F	Feluren	at (	453-8000		
	Name of Contact Person	Area Code an	<i>/</i>	ephone Number	
Enclos	sed is a check for the following amoun	it:			
(\$52	2.50 Filing Fees	□ \$1.105.00 Filing and Certified Co	ору Се	,113.75 Filing Fees, ertified Copy, and ertificate of Status	
Regist Divisi Cliftor 2661 I	EET ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, FL 32301	Registra Division P. O. Bo	NG ADDRI ation Section n of Corpora ox 6327 ssee, FL 323	tions	

#### **Certificate of Conversion**

For

#### "Other Business Organization"

Into

#### Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620,2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Raizada Group, LP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Kansas (Enter state, or if a non-U.S. entity, the name of the country).
(Enter state, or if a non-U.S. entity, the name of the country)  on December 31, 2014
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:
Raizada Group, LLLP
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)
4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.
5. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(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	this 13 day of December		20	)_ <u>18</u>	
<b>.</b>	4D 10 1D 1 7111		~ .		
	ure of Each General Partner Listed in				
	ership/Limited Liability Limited Partn				
	e facts stated in this document are true. A		orma	ation constitutes a tr	lira
negree	felony as provided for in s.817.155, F.S.	•			
Signati	ire: Kan Lutam.				
Printed	Name: Ravi Srivastava	Title:	Man	ager of General Partner	
Signati	vre:	Trial -		<del></del>	
Printed	iname:	inte:			<del></del>
Signati	ıre:			_	
Printed	Name:	Title:			
Cianati	IWO:				
orgnaci Printed	ure:   Name:	Title		<u> </u>	
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Signati	ıre:				<u> </u>
Printed	Name:	Title:			
Signati	ıre:				
Printed	Name:	Title:			
Requi	red Signature(s) on behalf of Other Bus	iness Entity	<u>:</u> In	dividual signing aff	irms
	e facts stated in this document are true.				
degree	felony as provided for in s.817.155, F.S	. [See below	for		
Signati	ire: Kan Kintam				麗.
Printed	Name: Ravi Srivastava	Title:	Man	ager of General Partner	
				mes	
	ida Corporation:	O. CC		\	$\supset$
	ure of Chairman, Vice Chairman, Director,			, , , , , , , , , , , , , , , , , , ,	<i>ان</i> '
וו טווכ	ctors or Officers have not been selected, ar	i incorporate	or mi	ust sign.	30
If Flor	<u>ida General Partnership or Limited Lia</u>	bility Partn	ersh	io: 👼	0
	are of one General Partner.			_ <del>_</del> _	
If Flar	ide I imited I inhility Compone				
	ida Limited Liability Company: are of a Member or Authorized Representa	tivo			
Oignaci	are or a wiethber of Additionized Representa	uve.			
All oth					
Signati	are of an authorized person.				
Fees:					
<u> </u>	Certificate of Conversion:		\$	52.50	
	Fees for Florida Certificate of Limited Pa	rtnershin:	-	000.00	
	(\$965 Filing Fee and \$35 Filing Fee)	p.	Ψ1,	555.55	
	Certified Copy:		\$	52.50 (Optional)	
	Certificate of Status:		\$	8.75 (Optional)	

# CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which make a comparison of Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Laceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited In LLLP.	td.	~ .
5875 Collins Ave., PHI		
Street address of initial designated office		<u> </u>
Miami Beach, FL 33139		
Amit Raizada		
Name of Registered Agent for Service of Process		<del></del> -
5875 Collins Ave., PH1		
Florida street address for Registered Agent		
Miami Beach FL 33139	<u> </u>	8 18
5. I hereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete perform and I am familiar with an accept the obligations of my position as registered agent.	ity. I furth ance of my	her agree to dulies,
Am Ill	· ·	<i>&gt;</i>
Signature of Registered Agent	. •	30
5		
Mailing address of initial designated office		
5875 Collins Ave., PH1, Miami Beach FL 33139		

Page 1 of 2

Name:			Business Ado	lress:			
Everglades One, LLC		335 N Maple D	rive Suite	380			
			Beverly Hills, (	CA 90210	_		_
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							·- <u>-</u>
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<del></del>						<u> </u>	2810
							330
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							$\triangleright$
Signed this\3	day of_	Dec	ember	<del></del>	2018	<u>94</u>	ان
Signature of each general	nartner: Indi	vidual	(s) signing af	firm(s) th	at the f	Parte eta	0
this document are true. An provided for in s.817.155,	y false infor	mation	o constitutes a	third de	gree fe	lony as	ited iii
Ran frita							
Managed Ge	neral Pa	Hner	-				
Visit y	<u> </u>	,,,,,,				••	