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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiless Chity Halle)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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June 3, 2019

ABISHEK SALLAPUDI 609 S. VOLUIS AVENUE ORANGE CITY, FL 32763

SUBJECT: S.R. GLOBAL TRADERS & INVESTMENTS, LLC

Ref. Number: W19000053106

We have received your document for S.R. GLOBAL TRADERS & INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was submitted if you are filing a Conversion the cover from a Limited Liability Company to a Limited Partneship. I am enclosing a form for your convenience. NOTE: The additional filing fee.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 419A00010969

407-683-6312



www.sunbiz.org

COVER LETTER

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FILED

Certificate of Conversion

For

"Other Business Organization"

Into

2018 JUL -5 PM 3: 05 SECRETARY OF STATE TALLAHASSEE, FL

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:
S.R. eglal-al Traders & Investments LLC. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (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 FLORIVA (Enter state, or if a non-U.S. entity, the name of the country)
on Jely 31, 2017 (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:
S.R. Global Traday & INVESTMENTS Limited Partnership (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
- 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

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Signed this 25 day of .) sel	ne	. 2019	
Signature of Each General Partner L Partnership/Limited Liability Limite			
that the facts stated in this document ar			
degree felony as provided for in s.817.			
2 2 2 2			
Signature: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A 1 4 4 A 1 5 T 1 1	4 !	0 / -
Printed Name: ABISHEK S.S.			
Signature: Landers Printed Name: RAVINDRANATH			
Printed Name: RAVINDRANATH	R. M. ENUKORTIH	e: Partn	i~
Signature: Printed Name:			<u> </u>
Trined rane.			<u> </u>
Signature:			
Printed Name:	Title	2:	<u> </u>
Signature:			AS
Printed Name:	Title	3:	00 O
			in o
Signature:	****.1		<u></u>
Printed Name:	[11]6	2:	<u></u>
Required Signature(s) on behalf of Ot	her Business Enti	tv: Individual	signing affirms
that the facts stated in this document ar		•	~ ~
degree felony as provided for in s.817.1	l55, F.S. [See belo	w for required	signature(s).]
Signature: ABI SHEIC S. SA	LA A DONDE Tiele	A a . a O	
rinica Name. 7151-347212 · 3 · 34	227 [201] 11110	: <u>H-14 1512</u>	· ·
If Florida Corporation:			
Signature of Chairman, Vice Chairman, I			
If Directors or Officers have not been sel	ected, an Incorpora	ator must sign.	
If Florida General Partnership or Lim	ited Liability Par	tnershin:	
Signature of one General Partner.	ICA LABOROT I BL	anci smp.	
_			
If Florida Limited Liability Company: Signature of a Member or Authorized Re			
All others:			
Signature of an authorized person.			
Page			
Fees: Certificate of Conversion:		\$ 52.50	
Certificate of Conversion.		Q 04.00	

· .: : :

\$1,000.00

\$ \$ 52.50 (Optional) 8.75 (Optional)

Fees for Florida Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee)
Certified Copy:
Certificate of Status:

FILED

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR

. .: :

2019 JUL -5 PM 3: 05 SECRETARY OF STATE

LIMITED LIABILITY LIMITED PARTNERSHIP TALLAHASSEE, FL

1. S.R. Globle Trader & Investments Limited Partner Ship (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. 609. S. Volutia Ane Olange City 5-132763 Street address of initial designated office ABISHEIC S. SALLA PUDI Name of Registered Agent for Service of Process 609. S V Merrie Mange City 5-132763
Florida street address for Registered Agent 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Mailing address of initial designated office 7. If limited partnership elects to be a limited liability limited partnership, check box \Box .

Page 1 of 2

Name and business address of each gener	al partner:
Name:	Business Address:
ABISHEK S. Sallepurci	609. S. Volusie Aru
ø	609.S. Voluvie Aru Grange Cili F1 32762
Ravindranalt. R. Mena	lessi 609. S. Volusia An
	- Olangrackij [13276]
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	SECRETARY OF ST TALLAHASSEE,
	JUL -5 PM C
	SSE P
	3: 05 E, FL
	mi —
Signed this 25 day of Ja	ne 2019
Signature of each general partner: Individua this document are true. Any false information provided for in s.817.155, F.S.	
Dr	Abisher S. Sallapide
Ravinde mekun	Abricher S. Sallapedi Ravindrahalt R. Menalemu