10700006486

(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:
CX18

Office Use Only



000082835900

01/03/07--01004--018 **155.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Division of	n Section Corporations					
SUBJE	ECT:	BUDGETAX					
		(Name of Res	ulting Florida Lin	nited Company	5		
conver	t an "Other	ficate of Conversion Business Entity" in 608.439, F.S.				nitted to	
Please	return all co	orrespondence conc	erning this mat	ter to:			
	RA	M HARITH (Contact Person)					
	<u>B</u>	DUELDX					
		(Firm/Company)					
	P.O.	GOX 0875 (Address)	55				
		(Address)					
FT	MYERS	FL- 3:	3908				
		(City, State and Zip C	Code)				
For fur	ther inform	ation concerning th	is matter, pleas	e call:			
	RAM	HARITH	at ()	39 , 9	85-0941		
	(Name of Co	ntact Person)			aytime Telephone Nu	mber)	
Enclos	ed is a chec	k for the following	amount:				
(\$25 for & \$125	00 Filing Fees Conversion for Articles nization)	\$155.00 Filing and Certificate of Status		00 Filing Fees fied Copy	\$185.00 Filing F Certified Copy, and Certificate of Statu	d	
STRE	ET ADDRI	ESS:		MAILING.	ADDRESS:		
Registration Section				Registration Section			
Division of Corporations				Division of Corporations			
	Building	ontor Cirolo		P. O. Box 6327 Tallahassee, FL 32314			
	assee, FL 3			i alialiassee,	FL 32314		



January 5, 2007

RAM HARITH P.O. BOX 08755 FT. MYERS, FL 33908

SUBJECT: BUDGETAX CYPRESS LAKE, LLC

Ref. Number: W07000000700

We have received your document for BUDGETAX CYPRESS LAKE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6967.

Letter Number: 907A00000999

Leslie Sellers Document Specialist

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" immed	iately prior	to the filing	g of this
Certificate of Conversion is:	4 - 40	_	- 4	
BUDGETAX				.
(Enter Nan	ne of Other Bi	isiness Enti	ty)	
2. The "Other Business Entity" is a	(C	RPORATI	100	PD4-127910
(Enter entity type. Example: cor general partnership	poration, limi	ted partner	ship, sole j	
first organized, formed or incorporate	ed under the lay	ws of	FLORI:	PA
(Enter state, or if a no	n-U.S. entity,	the name o	f the count	ry)
on 09/09/2004 (Enter date "Other Business Ent		overniand (formed or	incompand)
(Enter date "Other Business Ent	ny" was nrst (organizea, i	ormea or	incorporated)
3. If the jurisdiction of the "Other Buunder the laws of which it is now org	anized, formed			or country
NIP	1			
4. The name of the Florida Limited I Articles of Organization:		•		nttached
BUDGETAX	CYPRE SS	LAKT	-, <u>L</u> L(_
(Enter Name of F			•	<u></u> '

Page 1 of 2

5. If not effective on the date of filing, enter the eff (The effective date: 1) cannot be prior to nor modocument is filed by the Florida Department of Seffective date listed in the attached Articles of Onlisted therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 28 day of DEC	20 <u>06</u> .
Signature of Authorized Person:	
Printed Name: RAN H-RAN WANKHANTitle:	NPO
•	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

		YPRESS	LAKE,		
(Must end with the words "L.C.,")	s "Limited Liability	Company, "Limit	ed Company" o	r their abbreviat	ion "LLC
ARTICLE II - Ad	ldress:				
The mailing addres	ss and street add	dress of the p	rincipal offi	ce of the Lin	nited
Liability Company					
Principal Office A	ddress:		Mailing .	Address:	
	erss lake (P1# 90	R.O.	BOX 08	2700
FT MY		<u> </u>		THYER	
FL- 3					
+ r - 2	2717			FL-3390	10
The name and the	Florida street a	ddress of the	registered a	gent are:	
The name and the	Florida street a				
The name and the	R	DH H,	RANGANI	47 HAN	
The name and the	9371, C	Nam NAMES L	RANCANI e AKÈ DR	サ19 ア4HF4	
The name and the	9371, C	Nam NAPRES L address (P.O	RAMGANI e AKE DR . Box <u>NOT</u>	サ19 ア4HF4	_
The name and the	9371, C	Nam NAPRES L address (P.O	RAMGANI e AKE DR . Box <u>NOT</u>	#19 acceptable)	_
The name and the	9371, C	Nam NAPRES L address (P.O	RAMGANI e AKE DR . Box <u>NOT</u>	#19 acceptable)	
	9371, C Florida street	Name Name Name Name Name Name Name Name	RAMGANI e DKÈ DR . Box <u>NOT</u> <u>FL</u> 3 te, and Zip	#19 acceptable)	
The name and the having been nanabove stated limit	Florida street FT	Name Name Name Name Name Name Name Name	RANGANI e AKÈ DR . Box NOT L te, and Zip o accept services	#19 acceptable) 3919 vice of proce	 ss for i
Having been nar above stated limit	Florida street FT med as registere ted liability com	Name Name Name Name Name Name Name Name	RANGANI e AKÈ DR Box NOT IL de, and Zip o accept service designa	#14N #19 acceptable) 3919 vice of procested in this ce	 ss for rtifica
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Having been nan above stated limit hereby accept capacity. I furth	Florida street FT med as registere ted liability come the appointment er agree to come	Name Name Name Name Name Name Name Name	RANGANI Box NOT L 3 te, and Zip o accept service designated agent and rovisions of	#19 acceptable) 3919 vice of proce ted in this ce agree to act all statutes r	 ss for rtifica in this elating
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Having been nar above stated limit hereby accept capacity. I furth the proper and c	Florida street FT med as registere ted liability com the appointmen er agree to com complete perfori igations of my p	Name Name Name Name Name Name Name Name	RANGANI Box NOT Box NOT Le, and Zip o accept service designated agent and rovisions of duties, and I distered agent agent as a control of the control of	#19 acceptable) 3919 vice of proce ted in this ce agree to act all statutes r am familiar t as provided	ss for a rtifica in this elating with a

(CONTINUED) Page 1 of 2

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

Title:	Name and Address:
"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	RAM H RANGA NATHAN
	9371 CYDRESS LAKE DR #19
	FT MUERS, FL 33919
· Marm	ARUM PARAMESWARAN
	ISGGO SAN CARIOS BIVD # 32
	FI MYERS , FL 33908
41 44.	•
MGRM_	RANJITH KUMAR
	9371 CYPRESS LAKE DR. #19
	FT NYERS , FL 33919
MCRM	PARAMESWARAN RACHUNATURAN
	15660 SAN CARLOS OLVO #32
	FI THERS, FL 33908
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the date	e of filing: 01/03/2007
(OPTIONAL)	
(If an effective date is listed, the date must be s	
business days prior to or 90 days after the date of	of filing.)
REQUIRED SIGNATURE:	
1/5	
Signature of a member or an author	rized representative of a member.
(In and I all all all all all all all all all a	(A) Pl - (1 - G) - (1 - G)
(In accordance with section 608.408) of this document constitutes an affirm	
that the facts stated	
_	MCAMATHAN

Filing Fees:

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

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)