	•
(Requestor's Name)	· · ·
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>-</u>
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	

Office Use Only



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04/28/10-+01014--009 \*\*150.00

T. CLINE

APR 29 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SAI THANMYE ASSOCIA	res llc
(Name of Re	sulting Florida Limited Company)
	on, Articles of Organization, and fees are submitted to a "Florida Limited Liability Company" in
Please return all correspondence conc	erning this matter to:
MICHAEL GEMMELL	
(Contact Person)	
2010 SOLUTIONS INC	
(Firm/Company)	
2077 SEAWIND COURT	
(Address)	
INDIALANTIC FL 32903	
(City, State and Zip C	Code)
mikege2010@msn.com	
E-mail Address: (to be used for future and	nual report notifications)
For further information concerning th	is matter, please call:
michael gemmell	at (321 ) 773-9516
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount:
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ■ \$155.00 Filing and Certificate of Status	Fees \$\Bar{\textsup}\$
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

## **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.

(Enter Name of Other Business Entity)	.•
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (LLC)	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	•
first organized, formed or incorporated under the laws of NEW MEXICO	
(Enter state, or if a non-U.S. entity, the name of the country)	
on SEPTEMBER 24, 2008	2010
(Enter date "Other Business Entity" was first organized, formed or incorporate	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or countries under the laws of which it is now organized, formed or incorporated:	28
FLORIDA	PH 12
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	<u>.</u>
SAI THANMYE ASSOCIATES LLC	
(Enter Name of Florida Limited Liability Company)	•
5. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to nor more than 90 days after the date this	•

Signed this 26 day of APRIL	20		
Signature of Member or Authorized Represent	ative of Limited Liability	Company	<u>':</u>
Signature of Member or Authorized Representativ Printed Name: ADINARAYANA LAGUDU	e: Title: MANAGING MEMI	BER	
Signature(s) on behalf of Other Business Entity:	[See below for required si	gnature(s).	]
Signature of Member or Authorized Representative Printed Name: ADINARAYANA LAGUDU	Title: MANAGING MEMB	er el	<u>.                                    </u>
Signature:	Title:		<u> </u>
Printed Name:  Signature:  Printed Name:  Signature:	Title:		
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		<del></del>
Signature:Printed Name:			2010 6
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	Officer.	ETARY OF S HASSEE, FL	APR 28 PM E: 5
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	TATE	0
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
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)		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

SAI THANMYE ASSOCIATES LLC (Must end with the words "Limited Liability Compa "LLC.")	nny," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address Liability Company is:	of the principal office of the Limited
Principal Office Address:	Mailing Address:
1431 GRAND CAYMAN DRIVE	1431 GRAND CAYMAN DRIVE
MERRITT ISLAND FL 32952	MERRITT ISLAND FL 32952
ARTICLE III - Registered Agent. Re	egistered Office, & Registered Agent's
Signature:	
(The Limited Liability Company cannot serve as its individual or another	own Registered Agent. You must designate m

The name and the Florida street address of the registered agent are:

Name

2077 SEAWIND COURT

Florida street address (P.O. Box NOT acceptable)

INDIALANTIC

FL 32903

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ADINARAYANA LAGUDU
	MERRITT ISLAND FL 32952
<del></del>	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the	
(The effective date: 1) cannot be prior to n document is filed by the Florida Departme	(OPTIONAL)全部 司 ior more than 90 days after the date this
the effective date listed in the attached C	
date is listed therein.)  REQUIRED SIGNATURE:	STATE LORIDA
Signature of a member or an aut	thorized representative of a member.
of this document constitutes an aff	408(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.)
ADINARAYANA LAGUDU MD	
Typed or print	ted name of signee
Filing Fees:	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)