# L10000096636

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (0)                     | - 10 ·             |           |
| (Cit                    | ty/State/Zip/Phone | 9 #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



100185265161

09/14/10--01013--021 \*\*155.00



SEP IL PH 3: 2

**S. HAWKES**SEP 1 5 2010

**EXAMINER** 

# **COVER LETTER**

| TO:                 | Registration S<br>Division of C                                |   |                                      |         |  |
|---------------------|--|---|--------------------------------------|---------|--|
| SUBJ                | ECT: KRISH I   |   |                                      | -       |  |
|                     |  | (Name of Resulting                                    | Florida Limited Co                   | ompany) |  |
| conve               |  | isiness Entity" into a "                              |                                      |         | and fees are submitted to ity Company" in                              |
| Please              | e return all corr  | espondence concernin                                  | g this matter to:                    |         |  |
| CHIRA               | AG PATEL   |   |                                      |         |  |
|                     |  | (Contact Person)                                      |                                      | -       |  |
| KRISH               | H LLC  |   |                                      | _       |  |
|                     |  | (Firm/Company)  |                                      |         |  |
| 2019 H              | IESPERIA WAY   |   |                                      | _       |  |
|                     |  | (Address)   |                                      |         |  |
| PENSA               | ACOLA, FL 325  | 05  |                                      |         |  |
|                     | ((   | City, State and Zip Code)                             |                                      | -       |  |
|                     | GAP@GMAIL.C  |   |                                      | _       |  |
| E-n                 | nail Address: (to b  | e used for future annual re                           | port notifications)                  |         |  |
| For fu              | rther informati  | on concerning this ma                                 | tter, please call:                   |         |  |
| CHIRA               | AG PATEL   |   | _at ( <u>850</u>                     | ) 849-2 | 553  |
|                     | (Name of Conta   | ict Person)   | (Area Code                           | and Da  | ytime Telephone Number)  |
| Enclo               | sed is a check f   | for the following amou                                | int:                                 |         |  |
| (\$25 fo<br>& \$125 | 0.00 Filing Fees<br>r Conversion<br>for Articles<br>unization) | ☑\$155.00 Filing Fees<br>and Certificate of<br>Status | \$180.00 Filing<br>and Certified Cop |         | ☐\$185.00 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STRE                | ET ADDRES  | S:  | MAIL                                 | ING A   | DDRESS:  |
|                     | ration Section   |   | Registr                              |         |  |
|                     | on of Corporat<br>n Building                                   | ions  | Divisio<br>P. O. B                   |         | orporations  |
|                     | n Bunding<br>Executive Cent                                    | er Circle   |                                      |         | FL 32314   |
|                     | assee, FL 323  |   | ,                                    | , -     |  |

# $\frac{\textbf{Certificate of Conversion}}{For}$

# "Other Business Entity"

Into

# Florida Limited Liability Company

| This Certificate of Conversion and attached Articles of Organization 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 prior to the filing of this Certificate of Conversion is:  KRISH CORPORATION   |
| (Enter Name of Other Business Entity) 28  |
| 2. The "Other Business Entity" is a CORPORATION POROCOSTION   |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)   |
| first organized, formed or incorporated under the laws of FLORIDA   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| on 04/14/2008 (Enter date "Other Business Entity" was first organized, formed or incorporated)  |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:  |
| 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:   |
| KRISH 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 document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) |

| Signed this 10TH day of SEPTEMBER  | 20   |
|--|--|
| Signature of Member or Authorized Representa   | ative of Limited Liability Company:                            |
| Signature of Member or Authorized Representative Printed Name: CHIRAG PATEL  |  |
| Signature(s) on behalf of Other Business Entity:   | [See below for required signature(s).]                         |
| Signature:   | Title: VP  |
| Signature:Printed Name:  | Title:   |
| Signature: Printed Name:   | Title:   |
| Signature: Printed Name:   |  |
| Signature:Printed Name:  | Title:   |
| Signature:Printed Name:  |  |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In- |  |
| If Florida General Partnership or Limited Liabili Signature of one General Partner.  | ty Partnership:  |
| If Florida Limited Partnership or Limited Liability Signatures of ALL 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<br>\$125.00<br>\$30.00 (Optional)<br>\$5.00 (Optional) |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AR | TIC | LE   | Ι_  | Na  | me. |
|----|-----|------|-----|-----|-----|
|    | 110 | ندسد | 1 - | 134 |     |

The name of the Limited Liability Company is:

#### KRISH LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

## **Principal Office Address:**

Mailing Address:

| 2019 HESPERIA WAY   | 2019 HESPERIA WAY                            |
|---------------------|--|
| PENSACOLA, FL 32505 | PENSACOLA, FL 32505                          |
|                     | <u>-                                    </u> |

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

| CHIRAG PATEL          |                                    |
|-----------------------|------------------------------------|
| 1141, 1141            | Name                               |
| 2019 HESPERIA WAY     |                                    |
| Florida street addres | s (P.O. Box <u>NOT</u> acceptable) |
| PENSACOLA             | FL 32505                           |
| Cit                   | y, 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:

| "MGR" = Manager "MGRM" = Managing Member   | Name and Address:   |
|--|---|
| MGRM   | CHIRAG PATEL  |
|  |   |
|  |   |
|  |   |
| ,  |   |
| <del></del>  |   |
|  |   |
|  | (Use attachment if necessary)   |
| CLE V: Effective date, if other than t   |   |
| effective date: 1) cannot be prior to<br>nent is filed by the Florida Departn  | •   |
| effective date: 1) cannot be prior to<br>nent is filed by the Florida Departn<br>fective date listed in the attached<br>s listed therein.)   | (OPTIONAL) o nor more than 90 days after the date this nent of State; AND 2) must be the same as  |
| effective date: 1) cannot be prior to nent is filed by the Florida Departrefective date listed in the attached is listed therein.)  REQUIRED SIGNATURE:  | (OPTIONAL) o nor more than 90 days after the date this nent of State; AND 2) must be the same as  |
| effective date: 1) cannot be prior to nent is filed by the Florida Departre fective date listed in the attached is listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an accordance with section 60 of this document constitutes an           | (OPTIONAL) o nor more than 90 days after the date this nent of State; AND 2) must be the same as Certificate of Conversion, if an effective   |
| effective date: 1) cannot be prior to nent is filed by the Florida Departrefective date listed in the attached is listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an attached of this document constitutes an that the facts  CHIRAG PATEL | (OPTIONAL) o nor more than 90 days after the date this ment of State; AND 2) must be the same as Certificate of Conversion, if an effective authorized representative of a member.  18.408(3), Florida Statutes, the execution affirmation under the penalties of perjury |

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)