111000059901

| (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: | |
| | |
| | |
| · | |

Office Use Only



400207071434

05/03/11--01048--005 **185.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 2 0 2011

EXAMINER

COVER LETTER

| Division of Corporations | | |
|---|---|---------------------|
| SUBJECT: NIRVANA CONSULT | TING SERVICES LLC | |
| (Name o | of Resulting Florida Limited Company) | |
| | Articles of Organization, and fees are submitte Limited Liability Company" in accordance wit | |
| Please return all correspondence concerr | ning this matter to: | |
| DHARMENDRA RAMDEHAL | | |
| (Contact Person) | | |
| NIRVANA FINANCIAL SERVICES II | NC | |
| (Firm/Company) | | |
| 1320 HUNTERMAN LANE | | |
| (Address) | | |
| WINTER GARDEN, FL 34787 | | To - |
| (City, State and Zip Code | e) | ALL AHI |
| dr@nirvanafs.com | | Can and a second |
| E-mail address: (to be used for future annual repo | ort notifications) | SS 5 |
| For further information concerning this r | matter, please call: | PN 2: 29 EF. FLORID |
| DHARMENDRA RAMDEHAL | at (407) 905-0331 | 2: 2 STAT |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number | DA 5 |
| Enclosed is a check for the following am | ount: | |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status | \$180.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building 2661 Executive Center Circle | P. O. Box 6327 | |
| ZODE CXECHIVE LEMET LIFCIE | TAHANASSME MT 1/1/4 | |

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: NIRVANA FINANCIAL SERVICES INC PO 6000 12707 b | |
|--|---|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a <u>n incorporation with S status</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| first organized, formed or incorporated under the laws of <u>FLORIDA</u> (Enter state, or if a non-U.S. entity, the name of the country) | |
| on OCTOBER 4, 2006 (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: | |
| NIRVANA CONSULTING SERVICES LLC . SEE 29 | |
| (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; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) | |
| 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.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 29th day of APRI | 20 <u>11</u> | |
|--|---|---------------------------------------|
| Cimerature of Management and Anthonis | ad Danuscautativa of Limited Liabi | lity Company |
| Individual signing affirms that the | <u>ed Representative of Limited Liabi</u> facts stated in this document are true | nty Company: Any false information |
| constitutes a third degree felony as | provided for in s.817.155, F.S. | |
| | Representative: Title: CEO/PRESIDEN | a landelas |
| Signature of Member or Authorized | Representative: Title: 050/pps/pps/ | ra ramaena |
| Printed Name: DHARIMENDRA RAM | DEHAL Title: <u>CEO/PRESIDEN</u> | <u> </u> |
| Signature(s) on behalf of Other Bu | iness Entity: Individual(s) signing af | firm(s) that the facts stated in |
| this document are true. Any false in | formation constitutes a third degree | felony as provided for in |
| s.817.155, F.S. [See below for requi | | |
| Signature: Tharmend | va Kamdehal | |
| | Title: CEO/PRESIDENT | |
| | | |
| Signature: | Title: | |
| Printed Name: | I itle: | |
| Signature: | | |
| Printed Name: | Title: | |
| | | |
| Signature: | Title: | |
| Frinted Name. | Title. | |
| Signature: | | |
| Printed Name: | Title: | |
| Cianatana | | |
| Printed Name: | Title: | |
| | | |
| If Florida Corporation: | | |
| Signature of Chairman, Vice Chairman, If Directors or Officers have not been | | TAS 1 |
| If Directors of Officers have not been | selected, all incorporator must sign. | |
| If Florida General Partnership or l | imited Liability Partnership: | 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 |
| Signature of one General Partner. | | SSE 19 |
| If Florida I imited Doutneachin on I | imited I inhility I imited Dautanushir | Table Street |
| Signatures of ALL General Partners. | imited Liability Limited Partnership | |
| <u></u> | | 2: 2 2: 2 STATI CORN |
| All others: | | DA DE |
| Signature of an authorized person. | | |
| Fees: | | |
| | | |
| Certificate of Conversion: | \$25.00 | |
| Fees for Florida Articles of Organiz | | |
| Certified Copy: | \$30.00 (Optional) | |
| Certificate of Status: | \$5.00 (Optional) Page 2 of 2 | |
| | 1 age 4 01 4 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| NIRVANA CONSULTING SERVICES 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 principa | l office of the Limited Liabil | ity Company is: | | | |
| Principal Office Address | <u>s:</u> <u>M</u> | Iailing Address: | | | | |
| 1320 HUNTERMAN LANE WINTER GARDEN, FL 34787 | | | | | | |
| | red Agent, Registered Offic cannot serve as its own Registered Age orida registration.) | | or another | | | |
| The name and the Florida | street address of the register | red agent are: | SEURE! | | | |
| | LISA RAMDE | | SS - 5 | | | |
| ` | 1320 HUNTER | MAN LANE | PM-2: 29 FOR STATE | | | |
| | Florida street address (P.O. JINTER GARROV F | 134787 | 29 ATE PRIDA | | | |
| | 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

| • | <u>Title:</u> "MGR" = Manager | Name and Address: |
|-----|---------------------------------------|---|
| | "MGRM" = Managing Mem | ber |
| | MGRM | DHARMENDRA RAMDEHAL |
| | | 1320 HUNTERMAN LANE |
| | | WINTER GARDEN, FL 34787 |
| | | |
| | | |
| | | |
| | | HAY 19 |
| | | |
| | | Fig. 2 |
| | (Use attachment if necessary) | 2: 29 FLORID |
| | | ~ |
| AR' | FICLE V: Effective date, if oth | ner than the date of filing: (OPTIONAL) |
| | | orior to nor more than 90 days after the date this document is filed by AND 2) must be the same as the effective date listed in the attached |
| | tificate of Conversion, if an eff | |
| RE | QUIRED SIGNATURE: | |
| | Sharne | udra Laudehal or an authorized representative of a member. |
| | Signature of a member | or an authorized representative of a member. |
| | the penalties of perjury that the fac | 18(3), Florida Statutes, the execution of this document constitutes an affirmation under cts stated herein are true. I am aware that any false information submitted in a attended to the constitutes a third degree felony as provided for in s.817.155, F.S.) |
| | DHARMENDRA | RAMDEHAL Typed or printed name of signee |
| | ï | yped or printed name of signee |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2011

DHARMENDRA RAMDEHAL, MBA, MAFM NIRVANA FINANCIAL SERVICES 1320 HUNTERMAN LANE WINTER GARDEN, FL 34787

SUBJECT: NIRVANA FINANCIAL SERVICES, INC.

Ref. Number: P06000127076

We have received your document for NIRVANA FINANCIAL SERVICES, INC. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6028.

Letter Number: 111A00011246

Barbara Bostick Regulatory Specialist II

www.sunbiz.org