

L14000020369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

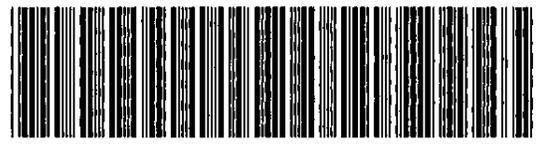
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500256243345

02/05/14--01015--012 **150.00

FILED
2014 FEB -5 PM 12:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 06 2014
D. B. JONES

GASSMAN LAW ASSOCIATES, P.A.
ATTORNEYS AT LAW

ALAN S. GASSMAN **
KENNETH J. CROTTY ****
CHRISTOPHER J. DENICOLO ***

- * LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER
WILLS, TRUSTS AND ESTATES
- *** LL.M. IN ESTATE PLANNING
- ^ BOARD CERTIFIED LAWYER IN TAX LAW

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756
PHONE: (727) 442-1200
FAX: (727) 443-5829

Gassmanlawassociates.com

February 4, 2014
VIA UPS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2014 FEB -5 PM 12:36
STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

Re: **OHME, INC.**
Document Number P00000048389

Dear Sir/Madam:

Enclosed for filing please find a Certificate of Conversion and Articles of Organization whereby OHME, INC., a Florida corporation, will convert into OHME, L.L.C., a Florida limited liability company.

Also enclosed please find a check made payable to Department of State in the amount of \$150.00 for filing fees.

Please return the filed document to our office in the enclosed self-addressed, stamped envelope.

Please contact Julie Speakman of my office if you have any questions on the above.

Best personal regards,


Alan S. Gassman

ASG:jas
Enclosures
SASE

cc: Jay and Parul Patel (w/encl. via email entjayeshpatel@yahoo.com)
Dipti Patel (w/encl. via email entjayeshpatel@yahoo.com)
Mina and Gautamkumar "Gary" R. Patel (w/encl. via email minagautam@sbcglobal.net)

Florida Department of State
February 4, 2014
Page 2

TREASURY DEPARTMENT NOTICE: TO THE EXTENT THAT THIS MESSAGE OR ANY ATTACHMENT CONCERNS TAX MATTERS, IT IS NOT INTENDED TO BE USED AND CANNOT BE USED BY A TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED BY LAW.

J:\NP\Patel, Jay and Parul\OHME, Inc\Conversion to LLC\FL Sec. of State.1.wpd
8340

FILED
2014 FEB - 5 PM 12: 36
TREASURY OF STATE
TALLAHASSEE FLORIDA

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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
OHME, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION P00000048389
(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
on 05/16/2000 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
OHME, L.L.C.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

FILED
2014 FEB -5 PM 12:36
FACILITY OF STATE
TALLAHASSEE FLORIDA

Signed this 28 day of January 2014

Signature of Member or Authorized Representative of Limited Liability Company:
Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: Dipti Patel
Printed Name: DIPTI PATEL Title: MANAGER

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: Dipti Patel
Printed Name: DIPTI PATEL Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of ALL General Partners.

All others:
Signature of an authorized person.

Fees:
Certificate of Conversion: \$25.00
Fees for Florida Articles of Organization: \$125.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

FILED
2014 FEB - 5 PM 12: 36
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OHME, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

c/o PATEL & O'CONNOR, P.A.
2240 BELLEAIR ROAD, SUITE 160
CLEARWATER, FL 33764

Mailing Address:

DIPTI PATEL
10537 CORY LAKE DRIVE
TAMPA, FL 33647

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:

ALAN S. GASSMAN

Name

1245 COURT STREET, SUITE 102

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

CLEARWATER

FL 33756

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILE
2014 FEB - 5 PM
NOTARY OFFICE
TAMPA, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DIPTI PATEL

10537 CORY LAKE DRIVE

TAMPA, FL 33647

MGR

PARUL PATEL

10537 CORY LAKE DRIVE

TAMPA, FL 33647

MGR

GAUTAMKUMAR PATEL

10537 CORY LAKE DRIVE

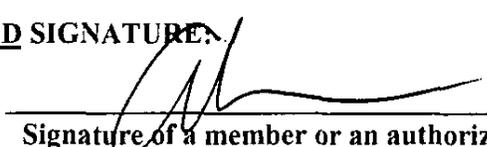
TAMPA, FL 33647

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE

Typed or printed 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)

2014 FEB -5 PM 12:36
FILED
DEPT OF STATE
TALLAHASSEE FLORIDA