# 44000195034

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u>.                                    </u>
Special Instructions to Filing Officer:	j
emailed proper form	
11/25.	

Office Use Only



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TA DEC 23 ANDO DA

M. MILLIGAN EXAMINER

DEC 24 2014

## **COVER LETTER**

	egistration Sivision of C	orporations			•	
SURIEC	T. BIZFLO	OW SYSTEMS LLC				
BUBBLE	1	(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert coordance with s. 605.1045, F.	
Please ret	urn all corre	espondence concernin	g this matter to:			
MADHU	NARNE					
· · · · · · · · · · · · · · · · · · ·		(Contact Person)				
BIZFLOV	N SYSTEM	MS LLC				
		(Firm/Company)				
1283 SY	DNEY CT					
•		(Address)		•		
ALTAMO	NTE SPR	INGS, FL 32714				
	((	City, State and Zip Code)				
MNARN	E@GMAIL	COM				
E-mail A	Address: (to b	e used for future annual re	port notifications)	•		
For furthe	r information	on concerning this ma	tter, please call:			
MADHU	NARNE		_at (603	306	-7687	
(N	ame of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)	
Enclosed	is a check f	or the following amou	ınt:			
\$150.00 (\$25 for Co. & \$125 for of Organiza	nversion Articles	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET	ADDRESS	S:	MAIL	NG A	ADDRESS:	
Registration	on Section		Registr	ation (	Section	
	of Corporati	ions			Corporations	
Clifton Bu	ulding		P. O. B	ox 63	27	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

# **Articles of Conversion**

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

ac 23 Maga The Articles 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  FLOW SYSTEMS LLC
	(Enter Name of Other Business Entity)
2. 1	The "Other Business Entity" is a LLC
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First	t organized, formed or incorporated under the laws of NEW HAMPSHIRE
on C	02/27/2014 (Enter state, or if a non-U.S. entity, the name of the country)
(	date of organization, formation or incorporation)
3. T	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
BIZ	FLOW SYSTEMS LLC
	(Enter Name of Florida Limited Liability Company)
(The	f not effective on the date of filing, enter the effective date:  e effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective elisted in the attached Articles of Organization, if an effective date is listed therein.)
5. T	he plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

Signed this 25 day of NOVEMBER	2014 .	
Signature of Authorized Representative of Limit		
Signature of Authorized Representative: Name: MADHU NARNE	Title: PRINCIPAL	-
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]	
Signature: N. Wold Printed Name: MADHU NARNE	Title: PRINCIPAL	_
		_
Signature:Printed Name:	_ Title:	_
Signature:		_
Printed Name:	_ Title:	<u>.</u>
Signature: Printed Name:		<del>-</del>
Printed Name:	_ Title:	-
Signature:Printed Name:	A-P-1	_
Printed Name:	_ Title:	-
Signature:		_
Printed Name:	_ Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co	Officer.	
If Directors or Officers have not been selected, an Inc	orporator must sign.	麵戶卫
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	23 MIO
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	TO OF
All others: Signature of an authorized person.		
Fees:		
Articles 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:			
BIZFLOW SYSTEMS LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	e principal office of the Limited	Liability C	ompa	my is:
Principal Office Address:	Mailing Address:			
1283 SYDNEY CT	1283 SYDNEY CT			
ALTAMONTE SPRINGS, FL 32714	ALTAMONTE SPRINGS FL 32714	3		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an inc		ther	
The name and the French street address of the	no rogistoroa agont aro.	2.00	7	
MADHU NARNE		718	930	
N	ame		C 23	F
1283 SYDNEY CT		Fig		FF
Florida street address (I	P.O. Box NOT acceptable)		<u>₹</u>	Ð

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..

FL 32714

Zip

Registered Agent's Signature (REQUIRED)

**ALTAMONTE SPRINGS** 

City

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Manager MGR	MADHU NARNE
	1283 SYDNEY CT
	ALTAMONTE SPRINGS, FL 32714
MGR	SWAPNA NARNE
	1283 SYDNEY CT
	ALTAMONTE SPRINGS, FL 32714
	سندائد المسلم
	STATE OF F
effective date is listed, the date n	on the date of filing:
ICLE V: Effective date, if other tha	on the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business day
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CLE V: Effective date, if other that effective date is listed, the date is 00 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a med (In accordance with section 605.02) constitutes an affirmation under the	mber or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
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