U5000064999

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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415-64999

01/07/15--01016--007 **155.00

Po4-80080

APR 15 2015 N. CAUSSEAUX



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2015

JITENDRA PATEL 201 S. PARROT AVENUE OKEECHOBEE, FL 34974

SUBJECT: KARMA HOTELS, INC. Ref. Number: P04000080080

We have received your document for KARMA HOTELS, INC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You have the name as RJ CORPORATION, LLC in the Articles of Organization. This name is NOT available, nor can you use the suffix "CORPORATION" in an LLC name. In the Articles of Conversion in #3 you have the name as "KARMA HOTELS, LLC." Please make the proper corrections.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 915A00001050

COVER LETTER

Division of C					
SUBJECT: KARM	A HOTELS, LLC				
	(Name	of Resulting Florida	Limite	ed Company)	
		_		nd fees are submitted to convert an "Caccordance with s. 605.1045, F.S.)ther
Please return all corr	espondence concerning	g this matter to:			
Jitendra Patel					
	(Contact Person)				
	(Firm/Company)				
201 S. Parrott Ave					
a	(Address)				
Okeechobee, FL 3					
•	City, State and Zip Code)				
karmahotels@hotr	nail.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this mat	tter, please call:			
Jitendra Patel		at (863	634-	I- 9 032	
(Name of Conta	nct Person)		(Day	ytime Telephone Number)	
Enclosed is a check t	for the following amou	nt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$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 ADDRES	S:	MAILI	NG A	ADDRESS:	
Registration Section				Section	
Division of Corporat	ions			Corporations	
Clifton Building	C' I	P. O. B			
2661 Executive Cent Tallahassee, FL 323		I allaha	ssee, l	FL 32314	



WILLIAM R. BLACK, PLLC ADMITTED: FLORIDA & ILLINOIS

March 19, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

KARMA HOTELS

Ref No.. P04000080080

Dear Sir:

Enclosed please find the corrected filing for the above referenced entity.

Should you have any questions concerning this correspondence please do not hesitate to contact me. I remain

William R. Black, Esquire

For the firm



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2015

JITENDRA PATEL 201 S. PARROTT AVENUE OKEECHOBEE, FL 34974

SUBJECT: KARMA HOTELS, INC. Ref. Number: P04000080080

We have received your document for KARMA HOTELS, INC. and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Once you have filed the 2015 annual report for the corporation, please notify me by email so I can process the conversion.

If you are unable to fax, you may email me at nanette.causseaux@dos.myflorida.com.

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) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 315A00005990

AR filed 4/14/15

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



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.

KARMA HOTELS, INC	(Enter Name of Other Business Entity)
2. The "Other Business Enti	ty" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or in	corporated under the laws of Florida
05/19/2004	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation	on or incorporation)
3. The name of the Florida I	Limited Liability Company as set forth in the attached Articles of Organization:
KARMA HOTELS, LLC	
(Ente	er Name of Florida Limited Liability Company)
4. If not effective on the dat	e of filing, enter the effective date:
date this document is filed	not be prior to date of receipt or filed date nor more than 90 days after the by the Florida Department of State; <u>AND</u> 2) must be the same as the effective Articles of Organization, if an effective date is listed therein.)
5. The plan of conversion ha	s been approved in accordance with all applicable statutes.

Page 1 of 2

1,	
Signed this day of <u>December</u>	_ 20 <u>14</u>
Signature of Authorized Representative of Limi	ted Liability Company:
a) _
Signature of Authorized Representative: Printed Name: Jitendra Patel	te de la companya della companya della companya de la companya della companya del
Printed Name: Jitendra Patel	Title: Director/President
Timed Name: onomina i ator	Title, Birdelon, Tooldon,
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature: Printed Name: Jitendra Patel	·
Printed Name: Jiteruta Patel	Title: Director/President
Trinica runie: original a disc	
Signature: Dalla Patol	
Printed Name: Nayna Patel	Title: Director/Secretary/Treasure
Printed Name; Nayria Pater	Title: Director/Secretary/Treasure
a. ·	
Signature:	mr.1
Printed Name:	_ l itle:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Trined ranie.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	<u>ly Partnership:</u>
Signature of one General Partner.	
•	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
	·
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	lity Company, "L.L.C.," or "LLC.")
KARMA HOTELS, LLC	7 2
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3101 US HWY 441 S	201 S. Parrott Ave
Okeechobee, FL 34974	Okeechobee, FL 34974
	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Jitendra Patel	stered Agent. You must designate an individual or another
<u>Siteridia Patei</u> Nam	e
	•
201 S. Parrott Ave	D. NOW
Florida street address (P.C	D. Box NOT acceptable)
Okeechobee	FL 34974
City	Zip
liability company at the place designated is registered agent and agree to act in this capacistatutes relating to the proper and complete accept the obligations of my position as reaccept the Registered Agent's Signature	
(CONTIN	NULU)

Page 1 of 2

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	
MGR	
	Jitendra Patel
	201 S. Parrott Ave
	Okeechobee, FL 34974
MOD	Naynaben Patel 201 S. Parrott Ave Okeechobee, FL 34974
MGR	Naynaben Patel
	201 S. Parrott Ave
	Okeechobee, FL 34974
	SER P
11.10.22.11.1	
	. 500
	
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) CLE VI: Other provisions, if any.	he date of filing: (OPTIONAL) st be specific and cannot be more than five business days
effective date is listed, the date mus 0 days after the date of filing.)	he date of filing: (OPTIONAL) st be specific and cannot be more than five business days
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REQUIRED SIGNATURE: Signature of a member	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of a member	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State

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)