L16000107957

(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

JUN 0 6 2016 T. SCOTT



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05/31/16--01023--028 **185.00

16 MAY 31 PM 12: 20



COVER LETTER

TO:	Registration S Division of Co			
CHDI		OTT CAPITAL LLC		
SUDJ	ECT:	(Name o	of Resulting Florida Limited	d Company)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corre	espondence concerning	g this matter to:	
Marc I	Pellegrino			
		(Contact Person)		
Buhler	Duggal & Henry	LLP		
		(Firm/Company)		
404 Fi	fth Avenue, 7th Fl	oor		
		(Address)		
New Y	ork, NY 10018			
		City, State and Zip Code)		
kaustu	v.sen@gmail.com	, , , , , , , , , , , , , , , , , , , ,		
E-n	nail Address: (to b	e used for future annual re	port notifications)	
For It	irtner informati	on concerning this ma	• •	(20)
Kausti	ıv Sen		at (617) 4	13 - 5738
	(Name of Conta	ect Person)	(Area Code) (Day	time Telephone Number)
Enclo	sed is a check f	for the following amou	int:	,
(\$25 fc	i0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	EET ADDRES	S:	MAILING A	
_	tration Section	•	Registration Section	
	ion of Corporat n Building	ions	Division of C P. O. Box 63	
	n Bunuing Executive Cent	er Circle	Tallahassee,	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity DRAYCOTT CAPITAL LLC	"immediately prior to the filing of the Articles of Conversion is:
(Enter Name	of Other Business Entity)
2. The "Other Business Entity" is a limited	liability company
(Enter er	ntity type. Example: corporation, limited partnership, ral partnership, common law or business trust, etc.)
First organized, formed or incorporated und	der the laws of Delaware
November 9, 2015	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or incorporatio	
	ity Company as set forth in the attached Articles of Organization:
DRAYCOTT CAPITAL LLC	·
(Enter Name of Florid	la Limited Liability Company)
4. If not effective on the date of filing, enter	er the effective date:
(The effective date: 1) cannot be prior to date this document is filed by the Florida date listed in the attached Articles of Organization.	o date of receipt or filed date nor more than 90 days after the a Department of State; <u>AND</u> 2) must be the same as the effective ganization, if an effective date is listed therein.) et the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approve	ed in accordance with all applicable statutes.

Page 1 of 2

l.h	
Signed this 25 th day of May	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: /s/ Kaust	uv Sen
Signature of Authorized Representative: /s/ Kaust Printed Name: Kaustuv Scn	Title: Mcmber
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: /s/ Kaustuv Sen	
Signature: /s/ Kaustuv Sen Printed Name: Kaustuv Sen	Title: Member
Signature:Printed Name:	Title:
·	
Signature:Printed Name:	
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Signature: Printed Name:	724
Printed Name:	I IIIe:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty Limited Doutnovskins
Signatures of <u>ALL</u> General Partners.	ty Emitted 1 arthersmp.
<i>5</i> ———	,
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

DRAYCOTT CAPITAL LLC (Must end with the words "Limit		
(with the words training	ed Liability Company "L.L.C." or "LLC")	
	icu Biabinty Company, B.E.C., or BBC.	•
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
330 East Mallory Circle	330 East Mallory Circle	
Delray Beach, FL 33483	Delray Beach, FL 33483	
		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)		
The name and the Florida street address	of the registered agent are:	DIVISION TO HAY
Kaustuv Sen		
	Name	
330 East Mallory Circle	·	
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	で、2 2 2
Delray Beach	FL 33483	9
City	Zip	
liability company at the place design registered agent and agree to act in thi. statutes relating to the proper and con accept the obligations of my positio	nt and to accept service of process for the nated in this certificate, I hereby accept t is capacity. I further agree to comply wit mplete performance of my duties, and I a on as registered agent as provided for in the	the appointment as th the provisions of all um familiar with and
/s/ Kaustu		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Kaustuv Sen	
ANDK	330 East Mallory Circle	
	Delray Beach, FL 33483	
		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	e date of filing:	. (OPTIONAL)
90 days after the date of filing.) If the date inserted in this block does not meet tent's effective date on the Department of State	be specific and cannot be more the the applicable statutory filing requirement	han five business day

REQUIRED SIGNATURE:

/s/ Kaustuv Sen

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kaustuv Sen

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)

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