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(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

EFFECTIVE DATE 02/24/17

A 03/02/17

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Siddha Fyter Prises (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Adam Tice (Contact Person)
(Condet i Cison)
PO Box 648/62
(Address) (Address) (City, State and Zip Code)
Newlay 1060 (a) Communications) E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
(Name of Contact Person) at (32) 292-2528 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\Bigcup \text{\$155.00 Filing Fees} \text{and Certified Copy} \text{\$185.00 Filing Fees} \text{and Certified Copy, and Certificate of Status} \text{\$125 for Articles of Organization} \text{\$\Bigcup \text{\$125 for Articles} \text{\$125 for Articles} \text{\$\Bigcup \text{\$185.00 Filing Fees} \text{\$\Bigcup \text{\$185.00 Filing Fees} \text{\$\Bigcup \text{\$185.00 Filing Fees} \text{\$\Bigcup \text{\$Certified Copy, and Certificate of Status}} \text{\$\Bigcup \text{\$\Bigcup \text{\$185.00 Filing Fees} \$\Bigcup \text{\$\Bigcup \tex

STREET ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Creeral Partnership</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
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Siddha Enterprises LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 22417.
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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Signed this 24 day of February 20 17.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: Printed Name: Adam Title: Title:
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature:
Printed Name: <u>Jennifer Southord</u> Title: Wgw
Signature: Title: Title:
Signature:
Printed Name: Title:
Signature: Title:
Signature: Title:
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:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	he Limited Liability	Company is:	
\mathcal{C}	. 41.	1.1.	110
SI	$\Delta \Delta V = \Delta $	Enterprises	$C(\mathcal{U}')$
	(Must contain the words	"Limited Liability Company, "L.L.C.," or	"LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
3320 Caedinal deive	POBUX 648162
Vero boach Fl 32964	Veno beach F1.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another

The name and the Florida street address of the registered agent are:

Name

3320 Caedinal Dive #8162

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

Very Beach FL 32964

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)

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Company:		•
Title: "AMBR" = Authorized Member "MGR" = Manager MGC MGC MGC MGC MGC MGC MGC MG	Name and Address: Adam Tice PORDX 648162 Veno Racan Fl 32964 Jennifex Southard Po you 648162 Veno Racan Fl 3296	. .
(Use attachment if necessary)	VENU (SIZ) (M. T. SP.	
ior to or 90 calendar days after the date o	t be specific and cannot be more than five busine of filing.) the applicable statutory filing requirements, this date will not be	ss days
REQUIRED SIGNATURE:	ALLAHAS AHAS AND	17 MAR -1 PI
This document is executed in ac I am aware that any false inform	r or an authorized representative of a member.	

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)

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

ARTICLE IV-

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