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Office Use Only



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# COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: TIDAL IN	MPACT LLC			
	(Name of Res	ulting Florida Limite	ed Com	npany)
		_		d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:		
ASHISH RATHOUR				
	(Contact Person)			
TIDAL IMPACT LLC				
	(Firm/Company)			
6342 Swanson Street				
	(Address)			
Windermere, FL 34786				
((	City, State and Zip Code)			
ASHISH.RATHOUR@g	mail.com			
E-mail Address: (to b	e used for future annual rep	port notifications)		
For further information	on concerning this mat	ter, please call:		
ASHISH RATHOUR		_at (	315-6	5990
(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the	•	rocess	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Fiting and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fi	_	
Division of Corporat	ions			Corporations
Clifton Building	Q1 1	P. O. B		
2661 Executive Cent	er Circle	Tallaha	ssec. I	FL 32314

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.

l. Ti	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  DAL IMPACT LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a Limited Liability Company  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
on	03/08/2016
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
TI	DAL IMPACT LLC
	(Enter Name of Florida Limited Liability Company)
(T th No	If not effective on the date of filing, enter the effective date:  he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.
	17 Alis

		•	
Signed this 4	day of August	20_17_	<u>·</u>
Signature of Auth	orized Representative	of Limited Liabili	ty Compapys
Signature of Autho	orized Representative: _ ISH RATHOUR	Dalhous	Call out
Signature(s) on be	half of Other Business	Entity: [See below	for required signature(s)
Printed Name:	ASHISH KA	THOUR Title:	CFO
Signature: Printed Name:		Title:	
	ation: nan. Vice Chairman. Directs have not been select		nust sign.
If Florida General Signature of one Ge	Partnership or Limited eneral Partner.	d Liability Partners	<u>hip:</u>
If Florida Limited Signatures of ALL	Partnership or Limited General Partners.	l Liability Limited	Partnership:
All others: Signature of an auth	norized person.		
Fees:			

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TIDAL IMPACT LLO				
(Must cor	ntain the words "Eimited Liabili	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and		ipal office of the Limited Liability Company i	is:	
Principal Office Address:		Mailing Address:		
6342 Swanson Street		6342 Swanson Street		
Windermere, FL 34786		Windermere, FL 34786		
			<del></del>	
(The Limited Liability Compa	any cannot serve as its own Regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anoth	her	
(The Limited Liability Compa business entity with an active	any cannot serve as its own Regi	stered Agent. You must designate an individual or anoth stered agent are:	her	
(The Limited Liability Compa business entity with an active	any cannot serve as its own Reginstration.)  It a street address of the reginstration.  ASHISH RATHOU	stered Agent. You must designate an individual or anoth stered agent are:  R ame	her	
(The Limited Liability Compa business entity with an active	any cannot serve as its own Regin Florida registration.)  It a street address of the regin ASHISH RATHOUN N  6342 Swanson Street	stered Agent. You must designate an individual or anoth stered agent are:  R ame	her	
(The Limited Liability Compa business entity with an active	any cannot serve as its own Regin Florida registration.)  It a street address of the regin ASHISH RATHOUN N  6342 Swanson Street	stered Agent. You must designate an individual or anoth stered agent are:  R ame et (P.O. Box <u>NOT</u> acceptable)	her	
(The Limited Liability Compa business entity with an active	any cannot serve as its own Regin Florida registration.)  It a street address of the regin ASHISH RATHOUN N  6342 Swanson Street	stered Agent. You must designate an individual or anoth stered agent are:  R ame	her	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	ASHISH RATHOUR		
	6342 Swanson Street		
	Windermere, FL 34786		
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		9 RK 9: 1	
		91.6	
		>> 	
	<del></del>		
(Use attachment if necessary)		<del></del>	
FICLE V: Effective date, if other than neffective date is listed, the date must after the date of filing.)	the date of filing: t be specific and cannot be more than five bu	(OPTIONAL) siness days prior to or 9	0 cale
TICLE VI: Other provisions, if any.			
	Quitai		
DUIRED SIGNATURE:	Signature of a member or an authorized represents	ative	
accordance with section 605.0205 (3), Florida at the facts stated herein are true. I am aware to	Signature of a member or an authorized represents a Statutes, the execution of this document constitutes an a that any false information submitted in a document to the degree felony as provided for in s.817.155, F.S.)	affirmation under the penaltie	

. . . . . .

Filing Fees:

Typed or printed name of signee