118000095964

(Re	questor's Name)	
(Add	dress)	· · · ·
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		ļ

Office Use Only



400311995794

04/17/18--01026--003 **150.00

18 APR 17 AH 9: 16

APR 19 2018
T SCHROEDER

COVER LETTER

TO: New Filing S Division of C				
		FADECCI, LLC		
SUBJECT:	(Name of Res	alting Florida Limit	ed Con	npany)
		-		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Bruce Hornstein				
	(Contact Person)			
Bruce Hornstein, P.A.				
	(Firm/Company)			
6961 Indian Creek Drive	2			
	(Address)			
Miami Beach, Florida 3.	3141			
(City, State and Zip Code)			
bhornstein@hornsteinpa	.com			
E-mail Address: (to l	be used for future annual re	port notifications)		
For further informat	ion concerning this ma	tter, please call:		
Bruce Hornstein			39784	
(Name of Cont	act Person)	(Area Code)	(Day	time Telephone Number)
	for the following amou a 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 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:			ADDRESS:
New Filing Section Division of Corporat	tions	New Fil Division	_	ection orporations
Clifton Building	IVIN	P. O. Bo		•
2661 Executive Cen	ter Circle	Tallahas	ssee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: FADECCI, INC. $P \mid R - 2 \mid P \mid S$
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 3/21/18 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FADECCI, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 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.) 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.

Signed this 16	day of <u>April</u>	20_18	
		f Limited Liability Company:	
Signature of Autho Printed Name: Indra	orized Representative: mi Radhakishun	Title: Manager	
Signature(s) on bel		ntity: [See below for required si	gnature(s)]
Signature:	He no	tis	
Printed Name: Indra	ni Radhakishun	Title: President	
Signature:			
Printed Name:		Title:	
Signature:		Title:	
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
<u>lf Florida Corpora</u>			
	nan, Vice Chairman, Direc	tor, or Officer. I, an Incorporator must sign.	
If Florida General Signature of one Go	Partnership or Limited eneral Partner.	Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
All others:			
Signature of an auth	norized person.		
Fees:			

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: Certified Copy: \$125.00 \$30.00 (Optional) \$5.00 (Optional) Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FADECCI, LLC	
(Must contain the words "Limited Liability	Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1989 SW 19th Avenue	1989 SW 19th Avenue
Miami. Florida 33145	Miami, Florida 33145
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	
Name	
6961 Indian Creek Drive	
Florida street address (P.O.	Box NOT acceptable)
Miami Beach	FL 33141
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605. F.S
(CONTINU	JED)

A	R	TI	CL	Æ.	ľ	٧-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Indrani Radhakishun	_
	1989 SW 19th Avenue	
	Miami, Florida 33145	
		
		_
		_
		_
		_
		_ ≕
(Use attachment if necessary)		2>-
(Ose attachment if necessary)		ੈਂਹ ਹਵ
	ž į	
CLE V: Other provisions, if any.		7
CLE V. Other provisions, if any.	្ត 📆	77 -
·····		9:
 	<u>ब</u> ्ह हैं। अहा	
	المعالية المعالجة	
DECLIDED CLOS ATUDE	•	
REQUIRED SIGNATURE:		
	the state of the s	
	The state of the s	
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am award	, that
any false information submitted in a docur as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree f	elony
·		
Indra	ni Radhahshun	
	ped 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)