# 18000136607

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	
Office Use Only	



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# COVER LETTER

# TO: New Filing Section Division of Corporations

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# SUBJECT: \_\_\_\_\_

(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:

Ashish Rathour

(Contact Person)

InfinityWaves, LLC

(Firm/Company)

7380 W Sand Lake Rd Suite 500

(Address)

Orlando, FL 32819

(City, State and Zip Code)

ashish.rathour@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Ashish Rathour	at ( 585 )	315 6990
(Name of Contact Person)	(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)

\$150.00 Filing Fees	□\$155.00 Filing Fees	□\$180.00 Filing Fees	□\$185.00 Filing Fees,
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Status		Certificate of Status
of Organization)			

# 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

INHS11 (7/17)

# <u>Articles of Conversion</u> For <u>"Other Business Entity"</u> Into <u>Florida Limited Liability Company</u>

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.

	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
	(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
	(Enter state, or if a non-U.S. entity, the name of the country)
on	03/01/2012
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

InfinityWaves, 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.)

<u>Note:</u> 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.

FILED 18 JUN-1 MM 9: 34 SECRETARY OF STATE ULLAHASSEE, FLORIDA

Signed th	is 22nd	day of <u>May</u>	_ 20_18
<u>Signatur</u>	e of Authoriz	zed Representative of Limit	ed Liability Company:
Signature Printed N	of Authorize	d Representative:	Title: President
<u>Signature</u>	e(s) on behalf	of Other Business Entity: 19	See below for required signature(s)]
Signature	$: \underbrace{\Psi^{\sim}}_{\text{auxav} A chick Re}$		Title: Provident
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Signature	:		
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If Florids	a Corporatio	ı.	
		 Vice Chairman, Director, or C	Officer.
		have not been selected, an Inc	
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	of one General	r <mark>tnership or Limited Liabilit</mark> al Partner.	<u>v rarmersnp:</u>
2			
	<mark>a Limited Par</mark> s of <u>ALL</u> Ger	<u>thership or Limited Liabilit</u> feral Partners.	v Limited Partnership:
All other	's:		
	of an authori:	ed person.	
Fees:			
A	rticles of Cor	ware in	\$25.00
-		a Articles of Organization:	\$25.00 \$125.00
	ertified Copy	-	\$30.00 (Optional)
	ertificate of S		\$5.00 (Optional)
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

InfinityWaves, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# **ARTICLE II - Address:**

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

Principal Office Address:	<u>Mailing Address:</u>
7380 W. sand Lake Road, suite 500	7380 W. sand Lake Road, suite 500
Orlando, FL 32819	Orlando, FL 32819

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ashish Rathour	
	Name
7380 W. Sand Lake	Rd, suite 500
Florida street ac	dress (P.O. Box <u>NOT</u> acceptab
Orlando	FL 32819
C	z 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 yegistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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# ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
P	Ashish Rathour		
	6342 Swanson St. Windermere, FI 34786	_	
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(Use attachment if necessary)		16	
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ARTICLE V: Other provisions, if any.



#### 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.

Ashish Rathour

 Typed or printed name of signce

 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)