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(Red	questor's Name)	
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Son Division of C			
SUBJECT: Savi-Kan	, LLC		
	(Name of Res	ulting Florida Limited Cor	npany)
		-	nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Keith C. Durkin			
	(Contact Person)		
Baker & Hostetler, LLP			
· · · · · ·	(Firm/Company)		
200 South Orange Avenu	ue, Suite 2300		
	(Address)		
Orlando, Florida 32801			
((City. State and Zip Code)		
jk8285@aol.com			
E-mail Address: (to b	e used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
		_at ()	ytime Telephone Number)
(Name of Conta	ict Person)	(Area Code) (Day	ytime Telephone Number)
	or the following amou a bank located in the	· · · · · · · · · · · · · · · · · · ·	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 Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
New Filing Section		New Filing S	Section
Division of Corporat	ions	Division of C	•
Clifton Building 2661 Executive Cent	er Circle	P. O. Box 63 Tallahassee	
2661 Executive Cent	er Circle	Tallahassee,	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 na	
Savi-Kan, I	ne of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "C	ther Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First orgai	ized, formed or incorporated under the laws of
04/03/1	
(date of	organization, formation or incorporation)
3. The na	ne of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Savi-Kan, I	LC .
	(Enter Name of Florida Limited Liability Company)
(The effect	ffective on the date of filing, enter the effective date: tive date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
Note: If the	his document is filed by the Florida Department of State.)
Note: If the	
Note: If the document's	his document is filed by the Florida Department of State.) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this day of May	20.18
	λ
Signature of Authorized Representative of Limi	ted Lability Company:
Signature of Authorized Representative:Printed Name: Jayanti K. Patel	Taile Manager
Signature(s) on behalf of Other Business Entity:	
Signature:	
Printed Name: Jayanti K. Pate	Title: President
Signature:	
Printed Name:	_ Title:
6'	
Signature: Printed Name:	Title:
Signature: Printed Name:	Trial
Printed Name:	Little:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of If Directors or Officers have not been selected, an Indian	
If Florida General Partnership or Limited Liability Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:
Savi-Kan. LLC	
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
2	
Principal Office Address:	Mailing Address:
1849 Pine Bay Drive	1849 Pine Bay Drive
Lake Mary, Florida 32746	Lake Mary, Florida 32746
ADTICLE III Dogietared Agent D	egistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	
(The Limited Liability Company cannot serve as its)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	ss of the registered agent are:

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..

Zip

Registered Agentls Signature (REQUIRED)

(CONTINUED)

Lake Mary

City

A	RT	C1	F	IV.
~		I	. F.	

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	Jayanti K. Patel
	1849 Pine Bay Drive
	Lake Mary, Florida 32746
	
(Use attachment if necessary)	ZARE I
(Ose addeniment it necessary)	表記 墨
	ANY SSE
CLE V: Other provisions, if any.	
F	مريشم
	ORA S
	2
	CA.
REQUIRED SIGNATURE:	Λ
	\mathcal{N}
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605:0303 (1) (b). Florida Statutes. I am aware that
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
Authorized Representative	
Ty	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)