L1800154080

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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PICK UP	: 6/21/18
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FILING _	Conversion
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1.	PITH	HUI	ENTER	PRISES	LLC
	(CORPORAT	TE NAME A	AND DOCUMENT	#))

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	(CORPORATE NAME AND DOCUMENT #)		

SPECIAL	
INSTRUCTIONS:	

COVER LETTER

Division of C	Corporations				
SUBJECT: PITA HU	T ENTERPRISES, LLC				
SUBJECT:	(Name of Re	sulting Florida Limit	ed Cor	mpany)	
				nd fees are submitted to con accordance with s. 605.1045	
Please return all corr	espondence concernin	g this matter to:			
ROBERT P. SALTSMA	И.				18 JURG
	(Contact Person)				· · · · · · · · · · · · · · · · · · ·
ROBERT P. SALTSMA	.N. P.A.				,
	(Firm/Company)				•
P.O. BOX 2146					
	(Address)				
WINTER PARK, FL 32	790				
(0	City, State and Zip Code)				
ASakhuja@PitaHutEnte	rprises.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
ROBERT P. SALTSMA	N	_at (_ ⁴⁰⁷	647-2	2899	
(Name of Conta	ict Person)	(Area Code)	(Day	2899 ytime Telephone Number)	
	or the following amou a bank located in the		rocess	sed by this office must be pa	ayable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	ions	New Fil Division P. O. Bo	ling S n of C ox 631	Corporations	

Tallahassee, FL 32301

TO: New Filing Section

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.

iately prior to the filing of the Articles of Conversion is:
usiness Entity)
ed partnership, general partnership, common law or business trust, etc.
FLORIDA ws of
(,
any as set forth in the attached Articles of Organization:
Liability Company)
ective date: ceipt or filed date nor more than 90 calendar days after partment of State.) cable statutory filing requirements, this date will not be listed as the s.
ordance with all applicable statutes.
ed to pay any members having appraisal rights the amount to 6 and 605.1061-605.1072, F.S.

Signed this 21 ST day of JUNE	20_18
Signature of Authorized Representative of 1	imited Liability Company:
Signature of Authorized Representative: Printed Name: ANKUR SAKHUJA	Title: MANAGER
Signature(s) on behalf of Other Business Entit	v: [See below for required signature(s)]
Signature: Mut I Nalezi Printed Name: SHITAL SAKHUJA	Title: PRESIDENT
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, and	, or Officer.
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 18 JUN 22 PH 12: 2

ARTICLE I - I	Name: e Limited Liability Compa	nv is:	
		•	
PITA HUT ENTE	ERPRISES, LLC		
	(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		the principal office of the Limited	d Liability Company is:
Principal Offic	ce Address:	Mailing Address:	
5390 BAY SIDE	DRIVE	5390 BAY SIDE DRIVE	
ORLANDO, FL 3	2819	ORLANDO, FL 32819	
			<u>. </u>
(The Limited Liabili business entity with		stered Office, & Registered Age n Registered Agent. You must designate an in f the registered agent are:	
	ANKUR SAKHUJA		
		Name	
	5390 BAY SIDE DRIVE		
		s (P.O. Box <u>NOT</u> acceptable)	
	ORLANDO	FL 32819	
	City	Zip	
liability co registered ago statutes rela	ompany at the place designa ent and agree to act in this d ating to the proper and com	and to accept service of process for need in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an as registered agent as provided for	ept the appointment as v with the provisions of all d I am familiar with and
	Registered Agent's	s Signature (REQUIRED)	18 . SEC
	(CO!	NTINUED)	SW 2

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	SHITAL SAKHUJA
	5390 BAY SIDE DRIVE
	ORLANDO, FL 32819
MGR	ANKUR SAKHUJA
	5390 BAY SIDE DRIVE
	ORLANDO, FL 32819
MGR	SAMEER SAKHUJA
	5390 BAY SIDE DRIVE
	ORLANDO, FL 32819
(Use attachment if necessary)	Ti f
LE V: Other provisions, if any.	•
REQUIRED SIGNATURE:	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree fe

ı,

Typed 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)