49000327568

(R€	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
 .		

Office Use Only



700332894827

700332894827 08/22/19--01021--018 **150.00

SECRETARY OF SIATE

SEP 1 8 2019 K Brumbley

COVER LETTER

Division of C				
SUBJECT: Shwepa	INC			
50D0D01	(Name of Re	sulting Florida Limited C	ompany)	
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organization, a lability Company" in	and fees are submitted to convert an accordance with s. 605.1045, F.S.	'Other
Please return all corr	espondence concernin	g this matter to:		
Shweta Patel				
	(Contact Person)			
Shwepa INC				
	(Firm/Company)			
11220 Ledgement Lane	<u> </u>			
	(Address)			
(City, State and Zip Code)			
Windermere, FL 34786	·			
E-mail Address: (to b	e used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Shweta Patel		at (301) 655	-7712	
(Name of Conta	act Person)	(Area Code) (D	aytime Telephone Number)	
Enclosed is a check t		int: (All checks proce United States)	ssed by this office must be payable i	n 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 ADDRESS	S:	MAILING	ADDRESS:	
New Filing Section		New Filing		
Division of Corporati	ons	Division of P. O. Box 6	Corporations	
Clifton Building 2661 Executive Center	er Circle	P. O. Box o Tallahassee		
Tallahassee, FL 3236			•	

INH\$11 (7/17)

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Shwepa INC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Shwepa INC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or it a non-U.S. entity, the name of the country)
3/22/2019 on .
on (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Shwepa 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.

ZOUS AUG 22 AM 9: 46 SECRE FARY OF SPANS. TALLAHASSEC FIREMAN

Signed this 17	day of September	_ 20_19
Signature of Autl	horized Representative of Lim	ted Liability Company:
61 64 1	orized Representative: <u>SZ</u> eta Patel	
Signature of Author	orized Representative:	Title: CEO
Printed Name: Shw	eta Patel	_ Title: CEO
Signature(s) on be	chalf of Other Business Entity:	[See below for required signature(s)]
a. (S)	95	
Signature:	Paral	Title: CEO
Printed Name: Shwo	eta Patel	
Signature:		
Printed Name:		
Signature:	· · · · · · · · · · · · · · · · · · ·	
Printed Name:		Title:
Cianatura		
Signature:		Title:
Printed Name:		_ I itie:
Signature:	······································	<u></u>
Printed Name:		Title:
		
Signature:		
Printed Name:		Title:
CETTI LA COMO	- 4 *	
If Florida Corpor	ation: nan, Vice Chairman, Director, or	Officer
	cers have not been selected, an In	
if Directors of Offi	cers have not been selected, an in	corporator musi sign.
lf Florida General	Partnership or Limited Liabili	ty Partne <u>rs</u> hip:
Signature of one Go		
	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of <u>ALL</u>	General Partners.	
All othous		
<u>All others:</u> Signature of an auth	norized nerson	
orginature or air autr	ionzed person.	
Fees:		
		
Articles of	Conversion:	\$25.00
Fees for Flo	orida Articles of Organization:	\$125.00
Certified C		\$30.00 (Optional)
Certificate		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shwepa, LLC		
	fust contain the words "Limited Lie	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addr		principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
		11220 Ladosment Lone
11220 Ledgement L	ane	11220 Leagement Lane
Windermere, FL 347 ARTICLE III - 1 (The Limited Liability	786 Registered Agent, Registe	windermere, FL 34786 Pred Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another
ARTICLE III - 1 (The Limited Liability business entity with as	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) e Florida street address of the	windermere, FL 34786 red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another
ARTICLE III - 1 (The Limited Liability business entity with as	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) E Florida street address of the	windermere, FL 34786 red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another
ARTICLE III - 1 (The Limited Liability business entity with as	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) E Florida street address of the	Windermere, FL 34786 red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another ree registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with as	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) Florida street address of the Shweta Patel No. 11220 Ledgement Lane	Windermere, FL 34786 red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another ree registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with as	Registered Agent, Registe Company cannot serve as its own R n active Florida registration.) Florida street address of the Shweta Patel No. 11220 Ledgement Lane	Windermere, FL 34786 red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	.
MGR	Shweta Patel 11220 Ledgement Lane
	Windermere FI 34786
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	· ·
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree feld
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S. SHWETA PATE	with section 605.0203 (1) (b), Florida Statutes. I am aware the ment to the Department of State constitutes a third degree feld

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

ARTICLE IV-