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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	New Filing S Division of C				
SHR	JECT: SOHAM	YOGA INC.			
300			ulting Florida Li	nited Cor	npany)
			_		nd fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to);	
Jill Di	Salvo				
		(Contact Person)			
DiSal	vo & Associates				
		(Firm/Company)	•		
1760	N. Jog Road, Su	ite 150			
		(Address)		_	
West	Palm Beach, FL	33411			
	((City, State and Zip Code)			
JDiSa	alvo@D-acpa.con	n			
E-i	mail Address: (to b	e used for future annual re	port notifications)	
For fi	urther informati	on concerning this ma	tter, please cal	1:	
Jill Di	Salvo		_at (at	659-	-1177
•	(Name of Conta	ict Person)	(Area Co	de) (Day	rtime Telephone Number)
		or the following amou a bank located in the		s proces.	sed by this office must be payable in US
(\$25 fd & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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: SOHAM YOGA INC.
(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.)
(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)
3.14.2017
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: SOHAM YOGA 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.

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Signed this 10/06/2020 day of 10/06/2020 20 10/06/2020 Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Printed Name: Yanira Daes Title: AMBR Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Symp Printed Name: Yanira Daes Title: AMBR Signature: Printed Name: ______ Title: _____ Printed Name: ______ Title: _____ Signature: _____ Printed Name: ______ Title: ___ Signature: _______ Title: ______ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (Optional)

\$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company	is:	
SOHAM YOGA LLC			
(Must ec	ontain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE H - Addre The mailing address a		principal office of the Limite	ed Liability Company is:
Principal Office Add	ress:	Mailing Address:	
543 N STATE ROAD 7	SUITE #109	543 N STATE ROAD 7 SU	JITE #109
ROYAL PALM BEACH,	FL 33411	ROYAL PALM BEACH, FL	_ 33411
<u> </u>	<u> </u>		_
(The Limited Liability Compabusiness entity with an active The name and the Florence The name and the Florence The name and the Florence The Indiana.)	any cannot serve as its own Re	red Office, & Registered Aggistered Aggistered Agent. You must designate and eregistered agent are:	
	Na	me	
13	341 Citrus Grove Blvd		PH 9: 17
F	lorida street address (P	O. Box NOT acceptable)	H 9: 17
We	est Palm Beach	FL ³³⁴¹²	*
	City	Zip	
liability company registered agent and statutes relating to	at the place designated agree to act in this cap the proper and comple	d to accept service of process y d in this certificate, I hereby ac pacity. I further agree to comp te performance of my duties, a registered agent as provided f	ecept the appointment as ply with the provisions of al and I am familiar with and
	Lower		
-	Registered Agent's S	ignature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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				
AMBR	Yanira Daes			
	13341 Citrus Grove Blvd.			
	West Palm Beach, FL 33412			
(Use attachment if necessary)				
(• • • • • • • • • • • • • • • • • • •	20 OCT			
	<u> </u>			
CLE V: Other provisions, if any.	7			
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	81 -			
REQUIRED SIGNATURE:	> 7			
Ex Shilley				
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 the ment to the Department of State constitutes a third degree felo			
as provided for in s.817.155, F.S.	ment to the Department of State constitutes a tinid degree felo.			

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)