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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

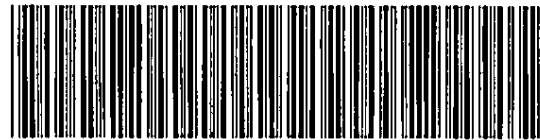
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Contact@flpatellaw.com  
Tel: 727.279.5037  
Fax: 727.888.1294

360 Central Avenue  
Suite 800  
Saint Petersburg, Florida 33701

November 13, 2020

*Sent via: First Class Mail*

**New Filing Section  
Division of Corporation  
The Centre of Tallahassee  
2415 North Monroe Street  
Suite 810  
Tallahassee, FL 32303**

**RE: IT Ninjas LLC**

**To the Secretary of State:**

Enclosed are the Certificate of Conversion for "Other Business Entity" into a Florida Limited Liability Company, and the Articles of Organization for IT Ninjas LLC along with Check #1268 for **\$155.00 for filing fees and Certificate of Status.**

If there are any issues, please contact:

Attorney:	Kalpesh J. Patel
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, Florida 33701
Phone:	727-279-5037
E-mail:	<u><a href="mailto:kalpesh@flpatellaw.com">kalpesh@flpatellaw.com</a></u>

Very Truly,

*Kalpesh J. Patel Esq.*

Kalpesh J. Patel  
Attorney and Counselor at Law

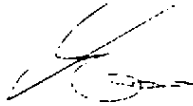
**Certificate of Conversion**  
**For**  
**"Other Business Entity"**  
**Into**  
**Florida Limited Liability Company**

This Certificate 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 this Articles of Conversion is: IT Ninjas LLC.
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of California.
3. The "Other Business Entity" was formed on July 8, 2018.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Information Technology Ninjas LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this November 10, 2020.

**Signature of the Authorized Representative of the Limited Liability Company:**

Signature of Authorized Representative:   
Ismael Amado, Manager

**Required Signatures on behalf of the Other Business Entity**

Signature:   
Ismael Amado, Member

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FILED  
CLERK OF COURT  
CLERK OF COURT

**ARTICLES OF ORGANIZATION  
FOR  
IT NINJAS LLC  
A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.  
Name**

The name of the Limited Liability Company is: Information Technology Ninjas LLC (the Company).

**ARTICLE II.  
Address**

The principal office and mailing address of the Company is:

11312 Estancia Villa Circle  
Unit 4  
Jacksonville, Florida 32246

**ARTICLE III.  
Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Registered Agents Inc.  
7901 4<sup>th</sup> Street North  
STE 300  
Saint Petersburg, Florida 33702

*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..*

  
\_\_\_\_\_  
Registered Agents Inc. (sign)

**(CONTINUED)**

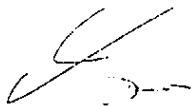
**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Ismael Amado 11312 Estancia Villa Circle Unit 4 Jacksonville, Florida 32246

**ARTICLE V.**

The Effective date shall be the date of filing.

  
\_\_\_\_\_  
(sign)

**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.

\_\_\_\_\_  
Ismael Amado  
Authorized Representative/Member

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