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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: TOURIS	M SIMPLE LLC			
30b3ECT	(Name of Res	sulting Florida Limit	ed Con	ipany)
				d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Shayne Trinidad				
	(Contact Person)			
SmallBiz.com				
	(Firm/Company)			
221 N Broad St				
	(Address)			
Middletown, DE 19709)			
	City, State and Zip Code)			
filings@unitedagentse				
E-mail Address: (to b	oe used for future annual re	port notifications)		
Can Contain the Comment				
	on concerning this ma	uer, piease cair.		
Shayne Trinidadat (947701
(Name of Contact Person) (Area Code)				time Telephone Number)
	for the following amou a bank located in the	•	roces	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 and Certified Cop		☐\$185.00 Filing Fees. Certified Copy. and Certificate of Status
Mailing Add				t Address:
New Filing S Division of C				Filing Section ion of Corporations
P.O. Box 632				Tentre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Arti TOURISM SIMPLE LLC	icles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, com	mon law or business trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, t	the name of the country)
09/23/2015	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached At	rticles of Organization:
TOURISM SIMPLE 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	i 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 of document's effective date on the Department of State's records.	date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statute:	s.
6. The "Converted or Other Business Entity" has agreed to pay any members having appropriate which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S.	raisal rights the amount to
	ART. IND MEDI ART. IND
	SC CO

Signed	this <u>16</u>	day of September		20_	<u>21 .</u>
Signati	ure of <u>Aut</u> ho	rized Representative of	<u>Limited</u>	l Li:	ability Company:
Signate Printed	ire of Author Name: <u>VENK</u>	ized Representative: <u>VE</u> ATA P GUMMADAPU	NKa	T <u>A</u> Title	HUMMaSaPU President
					low for required signature(s)
Signatu	re: VETLA	ata yumm	abap	M	President
Printed	Name: VENKA	ATA P GUMMADAPU		l'itle	President
Signatu Printed	re: Name:			Title	:
Signatu Printed	re: Name:	·		Title	
Signatu Printed	re: Name:			Title	·
Signatu Printed	re: Name:		<u>-</u>	Title	:
Signatu Printed	re: Name:			Title	·
Signatu		ion: .n. Vice Chairman, Direct rs have not been selected.			
	da General F re of one Gen	Partnership or Limited L eral Partner.	<u>iability</u>	<u>Part</u>	nership:
		Partnership or Limited L eneral Partners.			
All oth Signatu	<mark>ers:</mark> re of an autho	orized person.			
Fees:					
	Articles of C Fees for Flor Certified Cop Certificate of	ida Articles of Organiza oy:	tion: \$		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	1.	ΕĦ	i -	Name:

The name of the Limited Liability Company is:

TOURISM SIMPLE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13241 BARTRAM PARK BLVD, UNIT 1613

JACKSONVILLE, FL, 32258

13241 BARTRAM PARK BLVD, UNIT 16 JACKSONVILLE, FL, 32258

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VENKATA P	GUMMADAPU

Name

13241 Bartram Park Blvd Suite 1613

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

City

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., 2021

VENKATA LUMMASAPU

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

. .

<u>litle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	VENKATA P GUMMADAPU
	13241 BARTRAM PARK BLVD, UNIT 1613
	JACKSONVILLE, FL, 32258
AMBR	SRIDEVI DANNAPANENI
	13241 BARTRAM PARK BLVD, UNIT 1613
	JACKSONVILLE, FL. 32258
(Use attachment if necessary)	
•	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	<i>(</i>
	//
Signature of a member or	arguthorized representative of a member
This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware the
any false information submitted in a doct as provided for in s.817.155, F.S.	ument to the Department of State constitutes a third degree fel
Shayne Trinidad	
	vped or printed name of signee
1	special printed name of signed

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)