LZUU00503350

(Requestor's Name))
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



50:139, 21:--01021--025 **150.00

COVER LETTER

TO: New Filing So Division of Co		1		, 1
SUBJECT:	FRIYEN	ulting Florida Limited Con	TMENTS npany)	
		——————————————————————————————————————	d fees are submitted to conv coordance with s. 605.1045,	
Please return all corre	espondence concerning	g this matter to:		
PAJA	AL HA	TEL		
LARIYER	(Contact Person) J NVES	TMENTS	LLC	
6135	(Firm/Company) PAN4	GE BLOS	SOM TRAI	
ORLA!	(Address)	_ 3280	29	
#AJAL	City, State and Zip Code) c used for future annual re	MAIL. CO	M	
	on concerning this mad	tter, please call: _at (_407_)	124 672 S	<u> </u>
	or the following amou a bank located in the		sed by this office must be pa	yable 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 Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	PAID
Mailing Adda New Filing Se			t Address: Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



October 5, 2021

RAJAL PATEL 6135 S ORANGE BLOSSOM TRL ORLANDO, FL 32809

SUBJECT: LARIYEN INVESTMENTS INC

Ref. Number: W21000132447

We have received your document for LARIYEN INVESTMENTS INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "Inc." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 221A00024091

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Articles of Conversion

₽or

"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:
LARINEN INVESTMENTS THE INC	
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORODRATION	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law	or business trust, etc.
First organized, formed or incorporated under the laws of FLORIDA	
(Enter state, or if a non-U.S. entity, the name	of the country)
on 9/13/21 (date of organization, formation or incorporation)	
(date of organization for metriporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of LARIVEN LNVESTMENTS L	
(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 cal 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 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 rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	whits the amount to
	·
	Ca.
	** 31
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Signed this $\frac{11}{17} \frac{21}{\text{day of}} \frac{1}{1} \frac{1}{$	20_2
Signature of Authorized Representative of Limi	
Signature of Authorized Representative:	at _
Signature of Authorized Representative: Printed Name: DAJAL DATE	_Title: AMBK
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Laule Sale	
Signature: Laule falt Printed Name: AULA +ATEL	Title: AMBR
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Title:
Signatura:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
lf Florida General Partnership or Limited Liabili	ty Partnershin:
Signature of one General Partner.	<u>, , , ar (i.e. 5.11) .</u>
If Florida Limited Partnership or Limited Liabili	ty I imitad Partnarchin
Signatures of ALL General Partners.	y Emilieu i ar meramp.
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)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LARIYEN INVESTMENTS (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")	_LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil	ity Company is:
Principal Office Address: Mailing Address:	
6135 3 ORANGE BLOSSON TEL SAME OBLANDO, FL 32809	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Name Name RANGE BLOSSOM Florida street address (P.O. Box NOT acceptable) RANGE BLOSSOM Florida street address (P.O. Box NOT acceptable)	IRAIL
City FL 32809	
Having been named as registered agent and to accept service of process for the all liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Charles Registered Agent's Signature (REQUIRED)	appointment as he provisions of all familiar with and

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerAMBR	PAULA PATEL 6135 3 ORANGE BLOSSOM TRAIL ORLANDO, FL-3809
ANBR	RAJAL PATEL 6135 S OPANGE BLOSSOM TRAIL ORLANDO, FL 32809
(Use attachment if necessary)	20?
ARTICLE 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 that ment to the Department of State constitutes a third degree felony

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)