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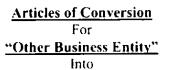
COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: MK TECH	•			
SUBJECT.	(Name of Res	ulting Florida Limit	ed Con	npany)
				d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
KISHORE PARDASAN	II			
	(Contact Person)			
	(Firm/Company)			
1004 HIGHLAND MEA				
	(Address)			
WESTON, FLORIDA 3	3327			
((City, State and Zip Code)			
KISHORE@BUDDHAT	rech.net			
E-mail Address: (to be	e used for future annual re	port notifications)		
For further information	on concerning this ma	tter, please call:		
KISHORE PARDASAN	N	_at (<u>305</u>	803-	2234
(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)
	or the following amou a bank located in the		rocess	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 Addi	ess:		Stree ⁻	t Address:
New Filing So	ection			Filing Section
Division of C				ion of Corporations
P.O. Box 632	/		ine C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





Florida Limited Liability Company

Lies of Conversion and attached Articles of Organization are submitted to convert the following uner 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: BUDDHA HOLDINGS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION (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)
on 7/\$\frac{7}{\$\frac{1}{2008}}\$ (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MK TECH 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.

Signed	this <u>6</u>	_ day of <u>December</u>	20_2	<u>.</u>
Signati	ure of Author	rized Representative of	f Limited Liability Co	mpany:
Signatu	re of Authoriz	zed Representative:	Lisher PRESIDE	
Printed	Name: KISHO	RE PARDASANI	Title PRESIDE	<u></u>
Signatu	re(s) on beha	lf of Other Business E	tity: See below for re	quired signature(s)]
C.	Para	K. Pardasia	-	
Signatu Printed	Name: PAYAL	PARDASANI	Title: VP	
Signatu	re:	<u> </u>	Tid	
Printed	Name:		Title:	
Signatu	re:		Title:	
Printed	Name:		Title:	.
Signatu	ге:			
Printed	Name:		Title:	
Cionatu	ea!			
Printed	Name:		Title:	
Signatu	re:		Title:	
rincu	rvanic			
	da Corporati		0.55	
		n, Vice Chairman, Directs have not been selected	or, or Officer. , an Incorporator must si	νn
II Direc	iois of officer	o nave not been were	, , , , , , , , , , , , , , , , , ,	6
		artnership or Limited	<u> iability Partnership:</u>	
Signatu	re of one Gene	erai Partner.		
			<u> Liability Limited Partn</u>	ership:
Signatu	res of <u>ALL</u> G	eneral Partners.		
All oth	ers:			
	re of an author	rized person.		
Fees:				
	Articles of Co	onversion:	\$25.00	
	Fees for Flori	da Articles of Organiza		
	Certified Cop		\$30.00 (Option	
	Certificate of	Status:	\$5.00 (Optiona	1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MK TECH LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "ELC,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1004 HIGHLAND MEADOWS DR	1004 HIGHLAND MEADOWS DR
WESTON, FL 33327	WESTON, FL 33327
The name and the Florida street address of the re KISHORE PARDASANI Name	gistered agent are:
Name	
1004 HIGHLAND MEADOWS I	
Florida street address (P.O.	Box NOT acceptable)
WESTON	FL ³³³²⁷
City	Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PADED TO AN #: 05

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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	KISHORE PARDASANI
MGR	1004 HIGHLAND MEADOWS DR
	WESTON, FL 33327
	WEG 1011, 1 E 00027
	_
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Other provisions, if any.	
•	
REQUIRED SIGNATURE:	Λ
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	sh-
<u> </u>	(Sh
Signature of a member of	r an authorized representative of a member
Signature of a member of This document is executed in accordance any false information submitted in a doc	e with section 605.0203 (1) (b), Florida Statutes. I am aware (
Signature of a member of This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware t
Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. KISHORE PARDASANI	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware to the Department of State constitutes a third degree fell typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)