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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
,55	omooo Emary raar	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	





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COVER LETTER

TO:	New Filing S Division of C					
SHRI	ECT: RADHAI	KISHAN LLC				
30130			ultin	g Florida Limit	ed Con	npany)
				_		d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	return all corr	espondence concernin	g thi	s matter to:		
RAJE	NDRABHAI PAN	ICHAL				
		(Contact Person)				
	***************************************	(Firm/Company)				
123 W	HITE MARSH C	IRCLÉ				
		(Address)				
ORLA	NDO, FL 32824					
	(4	City, State and Zip Code)				
RENU	@YASHCON.C	OM				
E-n	nail Address: (to b	e used for future annual re	port i	notifications)		
For fu	rther informati	on concerning this ma	lter.	please call:		
RENU	VARDHAN		at	(407	636-3	5555
	(Name of Conta	ict Person)		(Area Code)	(Day	time Telephone Number)
		or the following amou a bank located in the		•	rocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles inization)	S155.00 Filing Fees and Certificate of Status	anc	\$180.00 Filing 1 Certified Copy	Fees y	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add					Address:
	New Filing S Division of C					Filing Section on of Corporations
	P.O. Box 632	-				entre of Tallahassee
	Tallahassee, I				2415	N. Monroe Street, Suite 810

Tallahassee, FL 32303



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 Articles of Conversion is: RADHAKISHAN 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
First organized, formed or incorporated under the laws of
09/02/2021 On
 The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: RADHAKISHAN LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12-14-2021. (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

- 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 1ST	day of <u>DECEMBER</u>	
Signature of Autho	rized Representative of Limi	ited Liability Company:
Signature of Author	ized Representative:	R. P. Owell
Printed Name: RAJE	ized Representative:NDRABHALP PANCHAL	Title: MEMBER
		See below for required signature(s)
Siamotura: R	o pine sol	PRESIDENT
Printed Name: RAJEN	NDRABHAI P PANCHAL	PRESIDENT
Signature: V. F	- Panchul	VICE PRESIDENT Title: VICE PRESIDENT
Printed Name: URVA	SHIBEN R PANCHAL	Title: VICE PRESIDENT
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		litte:
Ciamatura:		
Drinted Mame:	···	Title:
rimed Name.		
If Florida Corporat	ion:	
	in, Vice Chairman, Director, or	Officer.
If Directors or Office	rs have not been selected, an In	corporator must sign.
		•
	Partnership or Limited Liabili	ty Partnership:
Signature of one Gen	eral Partner.	
	Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL O	ieneral Partners.	
All athors		
All others: Signature of an author	orizad narean	
Signature of all additi	nized person.	
Fees:		
Articles of C	onversion:	\$25.00
	ida Articles of Organization:	\$125.00
Certified Co	-	\$30.00 (Optional)
Certificate o		\$5.00 (Optional)
Continuate O		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RADHAKISHAN LLC		
(Must contain the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
123 WHITE MARSH CIRCLE	123 WHITE MARSH CIRCLE	
ORLANDO FL 32824	ORLANDO FL 32824	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individu	
ARTICLE III - Registered Agent, R. (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individu	ual or another
ARTICLE III - Registered Agent, R. (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual soft the registered agent are:	ual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual soft the registered agent are:	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual soft the registered agent are: PANCHAL Name	all or another 21 SEP 17
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres RAJENDRABHALP	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual soft the registered agent are: PANCHAL Name	ual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres RAJENDRABHALP	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual soft the registered agent are: PANCHAL Name CIRCLE	SLOVE TARY BE OF TO AM

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 Agent's Signature (REQUIRED)

(CONTINUED)

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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	
MBR	RAJENDRABHAI P PANCHAL
	123 WHITE MARSH CIRCLE
	ORLANDO, FL 32824
MBR	URVASHIBEN R PANCHAL
	123 WHITE MARSH CIRCLE
	ORLANDO, FL 32824
	
(Use attachment if necessary)	
(Che dideniment il liceation)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	

RAJENDRABHAI P PANCHAL

as provided for in s.817.155, F.S.

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)

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