

(Red	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2021

VINEET KUMAR 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

SUBJECT: INNOVYT LLC Ref. Number: W21000161038

We have received your document for INNOVYT LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

New Jersey IIc can olny convert to Florida.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 621A00030969



Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER

TO:	New Filing S Division of C				
CHDI	ECT: Innovyt L	LC			
3000	EC1	(Name of Res	sulting Florida Lim	ted Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Vineet	Kumar				
		(Contact Person)			
Innovy	л LLC			_	
		(Firm/Company)			
7901 4	4th St N STE 300) ————————————————————————————————————		_	
		(Address)			
St. Pe	tersburg, FL 337	02			
	(0	City, State and Zip Code)	-	-	
vineet	@innovyt.com				
E-n	uail Address: (to b	e used for future annual re	port notifications)	_	
For fu	rther informati	on concerning this ma	tter, please call:		
Vineet	Kumar		at (⁹¹⁷	_\ 7577	244
	(Name of Conta	ct Person)	_ \) (Day	time Telephone Number)
		or the following amou a bank located in the		orocess	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles enization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co.		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C	ection		New I	t Address: Filing Section ion of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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 E Innovyt LLC	Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter)	Name of Other Business Entity)
2. The "Other Business Entity" is a _	LC
(Enter entity type. Example: o	corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	
	(Enter state, or if a non-U.S. entity, the name of the country)
10/28/2016 on	
(date of organization, formation or incorp	poration)
3. The name of the Florida Limited Li	iability Company as set forth in the attached Articles of Organization:
Innovyt LLC	
(Enter Name of I	Florida Limited Liability Company)
4. If not effective on the date of filing	, enter the effective date:
	to date of receipt or filed date nor more than 90 calendar days after
	ot meet the applicable statutory filing requirements, this date will not be listed as the

- 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 4th	day of <mark>Jan</mark>	2022				
Signature of Auth	orized Representative of Li	mited Liability Company:				
Signature of Autho Printed Name: Vinee	orized Representative:	Title: Authorized Member and CEO				
Signature(s) on bel	half of Other Business Entity	: [See below for required signature(s)]				
Signature:	et Kumar					
Printed Name: Vine	et Kumar	Title: Authorized Member and CEO				
C:						
Signature: Printed Name:		Title:				
Timed Name		True				
Signature:						
Printed Name:		Title:				
Printed Name:		Title:				
Signature:						
Printed Name:		Title:				
Signature:						
Printed Name:		Title:				
If Florida Corpora		2.22				
_	nan, Vice Chairman, Director, ters have not been selected, an					
II Directors of Offic	ers have not been selected, an	meorporator must sign.				
If Florida General	Partnership or Limited Liab	oility Partnership:				
Signature of one Ge	eneral Partner.					
remi valentia.	Th	The state of the s				
Signatures of ALL	Partnership or Limited Liab General Partners	ollity Limited Partnership:				
organicates or <u>FEED</u>	General Laboration					
All others:						
Signature of an auth	orized person.					
Fees:						
Articles of (Conversion:	\$25.00				
	orida Articles of Organization					
Certified Co	ору:	\$30.00 (Optional)				
Certificate of	of Status:	\$5.00 (Optional)				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Innovyt 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:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702
Northwest Registered A 7901 4th St N STE 300	Name
	s (P.O. Box NOT acceptable)
St. Petersburg	FL 33702
City	Zip
Having heen named as registered agent	and to accept service of process for the above stated limited at this certificate, I hereby accept the appointment as

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Vineet Kumar 7901 4th St N STE 300 St. Petersburg, FL 33702
	
(Use attachment if necessary)	
ICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	1. 0 M 30 T
This document is executed in accordance to	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware the nent to the Department of State constitutes a third degree felo
Typ	ped 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)