L22000082788

(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



600377652806

12/10/21--01025--009 **150.00

SECRETARY OF STATE

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D. O'KEEFE FEB 2 8 2022

W21-158822



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2021

SMITA NAYAK VSN3 LLC 401 N BIRCH ROAD UNIT 1000 FORT LAUDERDALE, FL 33304

SUBJECT: VSN3 LIMITED LIABILITY COMPANY

Ref. Number: W21000158822

We have received your document for VSN3 LIMITED LIABILITY COMPANY and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the marked section in the Articles of Conversion. A signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

SECRUTARY OF STATE ALLAHASSEE, FLORID

Letter Number: 521A00030179

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: VSN3 LLC	
(Name of Resulting Flo	rida Limited Company)
The enclosed Articles of Conversion, Articles of Or Business Entity" into a "Florida Limited Liability C	ganization, and fees are submitted to convert an "Other Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this ma	atter to:
Smita Nayak	
(Contact Person)	
VSN3 LLC	
(Firm/Company)	
401 N Birch Road Unit 1000	
(Address)	
Fort Lauderdale, FL- 33304	
(City, State and Zip Code)	
smita.nayak@icloud.com	
E-mail Address: (to be used for future annual report notifi	cations)
For further information concerning this matter, plea	se call:
Smita Nayak at (7	732 642-7306
(Name of Contact Person) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All dollars and drawn on a bank located in the United S	checks processed by this office must be payable in US states)
	.00 Filing Fees tified Copy Certified Copy, and Certificate of Status
Mailing Address:	Street Address:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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 <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 VSN3 LLC	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, common law or business true	st. etc.
First organized, formed or incorporated under the laws of New Jersey (Enter state, or if a non-U.S. entity, the name of the country))
on December 20, 2012 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization VSN3 Limited Liability Company	tion:
(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 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 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 which such members are entitled under sec. 605, 1006, and 605, 1061, 605, 1072. E.S.	int to

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Signed this	day of	20	<u>.</u>	
Signature of A	Authorized Representative	of Limited Liabili	ty Company:	
Signature of A Printed Name:	uthorized Representative: _ Smita Nayak	Sizuta A Title: N	loyak Member	_
Signature(s) o	n behalf of Other Business	Entity: [See below f	for required signature(s)]	
Signature: Printed Name:_	Vinayak Nayak		Member	_X _
Signature: Printed Name:	Irrevocable Trust f	or Smitaritle:	Member	
Signature: Printed Name:	rrevocable Trust fo	or Nayak _{ritle:}	Member	<u> </u>
Signature: Printed Name:		Title:		_
Signature: Printed Name:		Title:		<u> </u>
Signature: Printed Name:		Title:		_
	poration: hairman, Vice Chairman, Di r Officers have not been sclect		nust sign.	
	neral Partnership or Limite ne General Partner.	d Liability Partners	hip:	
	nited Partnership or Limite NLL General Partners.	d Liability Limited	Partnership:	
All others: Signature of ar	n authorized person.			
Fees:				
Article	es of Conversion:	\$25.00		

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VSN3 Limited Liability Company

(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:

Th	1 4	A A A		
Princi	nalt	JIIIc	e Add	ress:

Mailing Address:

401 N Birch Road	Unit 1000
Fort Lauderdale	
FL - 33304	

26 Four Columns Drive
Morganville
NJ - 07751

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:

Smita Nayak	S	mita	Nav	/ak
-------------	---	------	-----	-----

Name

401 N Birch Road Unit 1000

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

Fort Lauderdale	FL	33304
City		Zip

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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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 "MAMBR ager	Smita Nayak 401 N Birch Road Unit 1000 Fort Lauderdale, FL -33304
AMBR	Vinayak Nayak 401 N Birch Road Unit 1000 Fort Lauderdale, FL - 33304
AMBR	Fort Lauderdale, FL - 33304 Irrevocable Trust for Smita Nayak 401 N Birch Road Unit 1000
AMBR	Fort Lauderdale, FL - 33304 Irrevocable Trust for Vinayak 401 N Birch Road Unit 1000 Fort Lauderdale, FL - 33304
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	2022 JAN SECRE II
REQUIRED SIGNATURE:	28 AM 9: 20 SSEE. FLORID
Signature of a member or 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
Smita Nay	
Ту	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)