

(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

T. SCOTT
JUN - 3 2022



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05/05/22--01019--021 \*\*150.00



## **COVER LETTER**

TO:	New Filing Son Division of C					
SURB	FCT. MindCre	st Solutions LLC				
.50001		(Name of Res	ulting	g Florida Limit	ed Co	ompany)
						nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please	return all corre	espondence concernin	g this	s matter to:		
Proces	sing Departmer	nt				
		(Contact Person)		,	-	
МуСог	poration Busine	ss Services, Inc.				
	· <u></u>	(Firm/Company)				
26025	Mureau Road S	Suite 120				
		(Address)			-	
Calaba	isas, CA 91302					
	((	City. State and Zip Code)				
		,				
E-m	ail Address: (to b	e used for future annual re	port n	notifications)	>	
For fur	ther information	on concerning this ma	uer.	please call:		
Proces	sing Departmer	nt	nt i	, 877	, 692	6772 n tid de veitig itt ber
	(Name of Conta	ct Person)		(Area Code)	.) <u></u> (1);	aytime Telephone Number)
		or the following amou a bank located in the			roce:	ssed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing I Certified Cop		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee. I	ection orporations 7			New Divi The 241	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 ahassee. FL 32303

INHS11 (7/17)

## 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:  Mind Craft, LLC
(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 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)
02/03/2022 on .
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MindCrest Solutions 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 02 day of MAY	_ 20
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative:	Title: Member
Printed Name: Dinesh Janapa	_ Little: Member
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s)]
Signature:	
Printed Name: Dinesti Janapa  Signature:  Printed Name: Swetha Challa	Title: Member
Signature: Printed Name: Swetha Challa	
Printed Name: Swetha Challa	Title: Member
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
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

MindCrest Solution		·	
(	Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		ne principal office of the Limited Li	ability Company is:
Principal Office	e Address:	Mailing Address:	
4541 W McNab F	Road, Apt 29	4541 W McNab Road, Apt 29	
Pompano Beach,	FL 33069	Pompano Beach, FL 33069	<del></del>
business entity with	an active Florida registration.)	Registered Agent. You must designate an indivi	dual or another
·			dual or another
·	an active Florida registration.) ne Florida street address of  Dinesh Janapa		dual or another
·	an active Florida registration.) ne Florida street address of  Dinesh Janapa	the registered agent are:	dual or another
·	an active Florida registration.) ne Florida street address of <u>Dinesh Janapa</u> N  4541 W McNab Road, Ap	the registered agent are:  Name on 29  (P.O. Box NOT acceptable)	dual or another
·	an active Florida registration.) ne Florida street address of <u>Dinesh Janapa</u> N  4541 W McNab Road, Ap	the registered agent are:  Jame	dual or another
·	an active Florida registration.) ne Florida street address of  Dinesh Janapa  N  4541 W McNab Road, Ap Florida street address	the registered agent are:  Name on 29  (P.O. Box NOT acceptable)	dual or another

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### 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" = Manager	
AMBR	Dinesh Janapa
	4541 W McNab Road, Apt 29
	Pompano Beach, FL 33069
AMBR	Swetha Challa
	4541 W McNab Road, Apt 29
	Pompano Beach, FL 33069
<del></del>	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
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CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	i
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or a	an authorized representative of a member
CLE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance.	with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document is a document in a doc	with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE:  Signature of a member or a	with section 605.0203 (1) (b), Florida Statutes, I am aware th
REQUIRED SIGNATURE:  Signature of a member or a This document is executed in accordance any false information submitted in a document in a doc	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

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)