

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

T. SCOTT

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CALLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLIHASSEE, FLORIDA

# COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	SN CON	BULTANO	y LLC
SUBJECT:	(Name of Re	sulting Florida Limited	Company)
		-	, and fees are submitted to convert an "Other in accordance with s. 605,1045, F.S.
Please return all corre	espondence concernin	g this matter to:	
Manish	R Padel		
	(Contact Person)		
aios Oa	(Firm/Company)  k Price	 Cł	
	(Address)	, <u>.</u>	
Tampa	FL 336	,47	
1 ((	ity, State and Zip Code)		
manish	e used for future annual re	- ೧೯೩೩	
E-mail Address: (to b	e used for future annual re	port notifications)	
For further information	on concerning this ma	itter, please call:	
Manish	R Partel	at (813)	270 - 9696  (Davime Telephone Number)
(Name of Conta	et Person)	(Area Code)	(Daytime Telephone Number)
	or the following amou a bank located in the	-	eessed 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 Fe and Certified Copy	es   \$\B\$\text{\$\B\$}\$\$\square\$\$\$\square\$\$\$\square\$\$\$\$\square\$
Mailing Add			reet Address:
New Filing S			ew Filing Section
Division of C P.O. Box 632	•		ivision of Corporations he Centre of Tallahassee
Tallahassee, I			415 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 is:
SN CONSULTANCY LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Limited Partnership</u> Limited Liability Cor (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on March 2, 2022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
SN CONSULTANCY 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 11 day of August	20_22	
Signature of Authorized Representative of Limi	1	
Signature of Authorized Representative: Warned Name: Manush R Potel	Title: Aythorised	Member
Signature(s) on behalf of Other Business Entity:	See below for required sig	nature(s)
Signature:		
Printed Name: Marxish K Paid	Title: AMBR	
Signature: Printed Name: Viva Patet		
Printed Name: Viray Patet	Title: AMBR	
<b>G</b> ,		
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Tid	
Frinted Name:	Title:	····
If Florida Corporation:	0.05	
Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
11 DIRECTORS OF CONTICCES HAVE NOT OCCUR SCIECTED, all the	corporator intest sign.	
If Florida General Partnership or Limited Liability	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others: Signature of an authorized person.		
<u>Fees</u> :		
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

ARTICLE I - Name: The name of the Limited Liability Company is:			
JN CONSULTA	TNCY	LLC	
(Must contain the words "Limited Liability	Company, "L.L.C	".," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office (	of the Lir	nited Liability Company is:
Principal Office Address:	Mailing Ad-	dress:	
9105 Oak Pride C+ Tampa FL 33647	9105	Oak	Pride (+
Tampa	Tamps		
_FL 33647	_FL_	3364	7
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent, You m	nust designat	Agent's Signature: e an individual or another
The name and the Florida street address of the re			
Manish R	Patel		
Name			_
9105 Oak	Pude	H	
Florida street address (P.O.	. Box <u>NOT</u> ac	ceptable)	_
Tampa City	FL 33	364A	<b></b>
City	-	Zip	_
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacastatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	this certificate ity. I further a performance of gistered agent o	e. Thereby gree to co I my dutie as provide	vaccept the appointment as imply with the provisions of all s, and I am familiar with and

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager  AMBR	Manish & Paulel
<u> </u>	9105 Ock Picke of
	Tampa FL 33647
2	<b>V</b>
AMBR	Vijery Patel
	17936 Cachei Isle D Tampa FL 33647
	100014
(Use attachment if necessary)	
(Osc attachment in necessary)	
TLE V: Other provisions, if any,	
T.E.V: Other provisions, if any.	
LE V: Other provisions, if any.	
	<b>N</b>
	.XCd
	in colonial
REQUIRED SIGNATURE:	an authorized representative of a member
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 the
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felo
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware the iment to the Department of State constitutes a third degree felo
Signature of a member or This document is executed in accordance any false information submitted in a docu as provided for in s.817.155, F.S.  Manish	<u> </u>

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

ARTICLE IV-