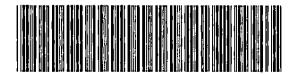
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

T. SCOTT CEP 3 0 2022



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CILLE AND/OR VICEO FRANCIISING OIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

2022 SEP 16 AM 10: 40







FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Business Entity" into a "Florida Limited Liability Company" pursuant to section 605.1045, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 605.0102(23)a, F.S., entity means: a business corporation, a nonprofit corporation, a general partnership, including a limited liability partnership, including a limited partnership, including a limited liability limited partnership; a limited liability company; a real estate investment trust; or any other domestic or foreign entity that is organized under an organic law.

Filing Fees: \$150.00 (\$25 for Articles of Conversion and

\$125 for Articles of Organization)

Certified Copy (optional): \$30.00

Certificate of Status (optional): \$5.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may contact the New Filing Section at (850) 245-6052.

Important Notice: As a condition to the conversion, pursuant to s.605.0212(9), F.S., each party to the conversion must be active and current through December 31 of the calendar year this document is being submitted to the Department of State for filing.

INHS11 (7/17)

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MORTALA, LLC. (Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion. Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045. F.S.
Please return all correspondence concerning this matter to:
VASANTHA BHEFMIDI (Contact Person)
MORTALA LI C. (Firm/Company)
1532 SELARNO CIR (Address)
$\frac{\text{WESTON, FL} - 33327}{\text{(City. State and Zip Code)}}$
E-mail Address. (to be used for future annual report notifications)
For further information concerning this matter, please call:
VASANTHA RHEEMIDI at (UIZ) 951-6279 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
S150.00 Filing Fees (\$155.00 Filing Fees and Certificate of and Certified Copy and Certificate of Status (\$25 for Articles of Organization)
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: (Enter Name of Other Business Entity)
(Enter Isame of Other Business Entity)
2. The "Other Business Entity" is a Limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of <u>SOUTH</u> <u>CAROLINA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on 0 06 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 09 16 205. (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.
202 SEP 16 DIVISION OF CONTRACTOR TALLAHASS

Signed this 09 day of 1515	20 <u>22 .</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: 90 Printed Name: VASANTHA BHEEM	Lullen DVille: AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: M Hant MORTAL	A Title: AMBR
Signature: <u>Qleulles</u> Printed Name: <u>VASANTHA RHEE</u>	nofille: AMBR
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In-	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnership
Signature of one General Partner.	13 1 at (1)(1304).
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of A1.1. General Partners	
All others: Signature of an authorized person.	
organism of an annionized 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

		DILITI	JOIVII	174141
ARTICLE 1 - Name: The name of the Limited Liability Company is:				
MORTALA, 11 C. (Must contain the words "I muted Liability	Company, "I. I. C.," or "I. I. C.")			
ARTICLE II - Address: The mailing address and street address of the pri			√ Com	pany is:
Principal Office Address:	Mailing Address:			
1532 SELARNO CIR JAIFSTON, FL-33327	1532 SELAR WESTON, FL	NO CI	R 27	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration)	Office, & Registered Ag	ent's Sign individual or :	ature: another	:
The name and the Florida street address of the re-	gistered agent are:			
HANIMI M Name	ORTALA			
1532 SELAR Florida street address (P.O. 1	RNO CAR Box <u>NOT</u> acceptable)			
WESTON City	FL <u>3.332</u> 7 Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peacept the obligations of my position as regis	his certificate, I hereby acc : I further agree to compl rformance of my duties, at	ept the app y with the p nd I am fan	pointn provisi viliar v	ient as ions of all with and
Registered Agent's Signat	ure (REQUIRED)			
(CONTINU		CONTRACTION WIDE FRANCHISING FRANCHISING OF CORPORATI TALLAHASSEE, FLORI	2022 SEP 16 AM 10:	
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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	VASANTHA BHEEMID 1532 SELARNO CIR WESTON, EL - 33327
AMBR	HANIMI MORTALA 1532 SELARNO CIR WESTON, FL- 33327
(Use attachment if necessary) ARTICLE V: Other provisions, if any,	
REQUIRED SIGNATURE:	
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
	HEEMID) ped or printed name of signee
1 y 612# 00 PW - F - F - A - A 1	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)