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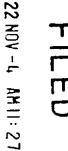
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SECRETARY OF STATE









## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2022

JANAKAN THIAGARAJAH 340 GIRALDA AVE UNIT 512 CORAL GABLES, FL 33134

SUBJECT: BELLWETHER LAW PLLC

Ref. Number: W22000141939

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

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Letter Number: 422A00025229

ARCEDRA JOHNSON Regulatory Specialist II

22 NOV -4 AM II: 27
SECRETARY OF STATE
TALL AHASSEE, FLOPIN

# FILE

### **COVER LETTER**

TO: New Filing S Division of C					
	•				
SUBJECT: Bellweth	er Law, PLLC				
	(Name of Res	sulting Florida Limit	ed Com	pany)	
				I fees are submitted to concordance with s. 605.104.	
Please return all corr	espondence concernin	g this matter to:			
Janakan Thiagarajah					
	(Contact Person)				
Bellwether Law					
	(Firm/Company)				
340 GIRALDA AVE, U	INIT 512				
	(Address)				
CORAL GABLES, FL	33134				
(1	City, State and Zip Code)	-			
janakan@bellwetherla	w.com				
E-mail Address: (to b	e used for future annual re	port notifications)			
For further informati	on concerning this ma	tter, please call:			
Janakan Thiagarajah		at ( 202	441-7	211	
(Name of Conta	act Person)		(Dayt	ime Telephone Number)	
Enclosed is a check to dollars and drawn on	for the following amou a bank located in the	int: (All checks p United States)	rocesso	ed by this office must be	PAR LAHASSE
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	NOV -L AMII: 27 CRETARY OF STATE LAHASSEEL FLOOR
Mailing Address:			Street	Address:	27 ME

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
The Centre of Tallahassee
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.

	The name of the "Other Business 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 Professional Limited Liability Company
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fir	rst organized, formed or incorporated under the laws of
	(Effect state, of it a non-old, the name of the country)
on	January 18, 2019
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Ве	ellwether Law PLLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
the	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
doc	cument'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 plan of conversion has been approved in accordance with all applicable statutes.  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.

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

2022 .

Signed this 3rd day of November

Fees for Florida Articles of Organization:

Certified Copy:

Certificate of Status:

Signature of Authorized Representative of Limited Liability Company:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADMIGLE I. N			
ARTICLE I - Name: The name of the Limited Liability Company is:			
The hame of the Emilian Emering Company in			
D. H H			
Bellwether Law, PLLC  (Must contain the words "Limited Liability	v Company.	"L.L.C" or "LLC.")	
(, , , , , , , , , , , , , , , , , , ,	,		
ARTICLE II - Address:			
The mailing address and street address of the pr	rincipal o	ffice of the Limited Lial	oility Company is:
Principal Office Address:	Mailin	g Address:	
One Alhambra Plaza		hambra Plaza	
PH Floor Coral Gables, FL 33134	PH Flo	or Gables, FL 33134	
Coral Gables, FL 33 134	Corai C	5ables, FL 33134	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	tered Agent.	You must designate an individu	
Janakan Thiagarajah			
Name	e		= N
340 GIRALDA AVE, UNIT 512	2		TEC T
Florida street address (P.O		T acceptable)	RECT ON
CORAL GABLES		3134	22 NOV -4 AMIN:
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 capac statutes relating to the proper and complete paccept the obligations of my position as registered Agent's Sign	n this cert sity. I furt performan gistered a	ificate, I hereby accept the her agree to comply with nee of my duties, and I amongent as provided for in Castal	above stated Imited he appointment as h the provisions of al m familiar with and
(CONTIN	(UED)	Janakan Thiagarajah	Digitally signed by Janakan Thiagarajah Date: 2022.11.03
			15:53:53 -04'00'

A	R	Т	1	C	ľ	Ľ.	I٦	V.
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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	ta a di a a Thia a a saish		
MGR / AMBR	Janakan Thiagarajah	NIT 540	
	340 GIRALDA AVE, U CORAL GABLES, FL		
	COHAL GABLES, FL	33134	
	·		
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			<del></del>
(Use attachment if necessary)			
(Ose attachment it necessary)			
			50 N
ICLE V: Other provisions, if any.			1. C.
			국유 D
			20 L
			<u> </u>
		<del> </del>	F. Q. 7
REQUIRED SIGNATURE:			The of State 2
	Janakan	Digitally signed by Janakar Date: 2022;11:03:02:50:06 -	Thuganus N
Janakan Thiagarajah	Thiagarajah	Date, 2022.11 03 02 30 00 -	- FE
Signature of a member or an a	uthorized representa	ative of a membe	er
This document is executed in accordance with	section 605.0203 (1) (b), I	Florida Statutes. I am	aware that
any false information submitted in a document	to the Department of State	constitutes a third de	egree felony
as provided for in s.817.155, F.S.			
Janakan Thiagarajah			
	or printed name of sig	nee	
<b>~</b> 1	· F.N. F		

Filing Fees

	New Filing Section Division of Corporations				
SUBJECT:	CCT: Bellwether Law, PLLC				
	(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:

Janakan Thiagarajah							
((	Contact Person)						
Bellwether Law							
(1	Firm/Company)						
340 GIRALDA AVE, UNIT	512						
	(Address)						
CORAL GABLES, FL 3313	34						
(City, State and Zip Code)					Z <sub>A</sub>	2	
janakan@bellwetherlaw.co	om				L C A	NON 2	
E-mail Address: (to be used for future annual report notifications)					¥ Ä Ä		
For further information of	concerning this matt	er, please call:			SSEE.	-L A	1
Janakan Thiagarajah		at ( 202	441-72	21.1	<u> </u>	AM :	C
(Name of Contact P	erson)	(Area Code)	(Daytii	me Telephone Number)	Lost Usit	2	
Enclosed is a check for t dollars and drawn on a b	_		ocesse	d by this office must	be paya	ble in	US
(\$25 for Conversion an	\$155.00 Filing Fees d Certificate of atus	☐\$180.00 Filing I and Certified Copy	,	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status			

## **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