LZ3000011930

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	_
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		
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Office Use Only



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01/04/23--01032--006 **185.00



COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Ravi, LLC		
	Resulting Florida Limite	ed Company)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	ticles of Organization Liability Company	on, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S.
Please return all correspondence concern	ning this matter to:	
Peter J. Hutson		
(Contact Person)		
Church, Church, Hittle + Antrim		
(Firm/Company)		
2 N Ninth Street		
(Address)		
Noblesville, IN 46060		
(City, State and Zip Cod	e)	
phutson@cchalaw.com	-	
E-mail Address: (to be used for future annua	I report notifications)	
For further information concerning this i	matter, please call:	
Peter J. Hutson	at (317	773-2190
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following an dollars and drawn on a bank located in the	nount: (All checks pi	ocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fee and Certificate of Status		
Mailing Address:	5	Street Address:
New Filing Section	ĵ	New Filing Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The 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 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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
2. The "Other Business Entity" is a [Imited liability company (Enter entity type, Example: corporation, limited partnership, general partnership, common	n law or business trust, etc.)
First organized, formed or incorporated under the laws of	
	name of the country)
11/25/2015 on	
(date of organization, formation or incorporation)	
 The name of the Florida Limited Liability Company as set forth in the attached Artic Ravi, LLC 	eles of Organization:
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: 12/31/2022	
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072. F.S. 	al rights the amount to

Signed	this <u>27</u>	day of <u>December</u>	20_22	
Signatu	ire of Auth	orized Representative of	Limited Liability Company:	
Signatu Printed l	re of Autho Name: Sanja	rized Representative:@ y Patel	Mall Provident Title: Manager	· · · ·
<u>Signatu</u>	re(s) on bel	alf of Other Business Ent	tity: [See below for required signature	(s)}
Signatur Printed 1	re: Name: Hiren	Patel 7:40	Title: Member	
Signatur	·e:/	M 20		
	Name: <u>Neal I</u>	Patel //	Title: Member	
Signatur Printed 1	e: Name:		Title:	
			Title:	
Signatur Printed M	e: Vame:		Title:	
Signature Printed N	e: Name:		Title:	
Signatur	la Corporate of Chairmors or Office	an. Vice Chairman, Directo	or, or Officer. an Incorporator must sign.	
If Florid Signature	la General I e of one Ger	Partnership or Limited Lineral Partner.	iability Partnership:	
		Partnership or Limited Li ieneral Partners.	iability Limited Partnership:	
All other Signature		orized person.		
Fees:				
F C	Articles of C lees for Flor Certified Co Certificate or	ida Articles of Organizati oy:	\$25.00 on: \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must contain the words "Limited	Liability Company, "L.L.C" or "LLC.")	<u> </u>
ARTICLE II -	Addrace		
		the principal office of the Limited Liability	y Company is:
Principal Offic		Mailing Address:	
6001 Broken So	und Pkwy NW	6001 Broken Sound Pkwy NW	
Suite 404		Suite 404	
Boca Raton, FL	33487	Boca Raton, FL 33487	_
		the registered agent are:	
	Sanjay Patel	the registered agent are: Name	
	Sanjay Patel	Name	
	Sanjay Patel 6001 Broken Sound Pky	Name	
	Sanjay Patel 6001 Broken Sound Pky	Name vy NW. Suite 404	
	Sanjay Patel 6001 Broken Sound Pky Florida street address	Name vy NW, Suite 404 (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	0 0
WGR	Sanjay Patel
	6001 Broken Sound Pkwy NW, Suite 404
	Boca Raton, FL 33487
	
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Use attachment if necessary)	
Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE:	W Project
REQUIRED SIGNATURE:	M Provident
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 awar ment to the Department of State constitutes a third degree
Signature of a member or: This document is executed in accordance any false information submitted in a document and the submitted in a document is executed in a document is e	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awar ment to the Department of State constitutes a third degree
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Sanjay Patel	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am awar ment to the Department of State constitutes a third degree