L23000195900

| (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: |
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Office Use Only



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TALLAHASSEF FI



COVER LETTER

| | ng Section of Corporations | | • | |
|---|--|---------------------------------------|---|---------------------------|
| SUBJECT: TEC | CH PROFICIENT LLC | | | |
| SUBJECT. | (Name of Re | sulting Florida Limi | ted Company) | - |
| | The state of the s | | ion, and fees are submitted to "in accordance with s. 605.1 | |
| Please return all | correspondence concerning | g this matter to: | | |
| HITESH JAIN | | | | |
| | (Contact Person) | • | - | |
| TECH PROFICIE | NT | | | |
| | (Firm/Company) | | - | |
| 9539 PARKVIEW | 'AV | | | |
| | (Address) | | - | |
| BOCA RATON, F | L, 33428 | | | - |
| | (City, State and Zip Code) | | - | 2025 |
| hiteshjain78@gm | | | | A T |
| E-mail Address | : (to be used for future annual re | port notifications) | _ | 2023 HAR 30 |
| For further infor | mation concerning this ma | itter, please call: | | SSS/CC |
| HITESH JAIN | | _at (⁵⁶¹ | ₁ 7163809 | H 2:2 FF STA FE, FL |
| (Name of | Contact Person) | (Area Code) | (Daytime Telephone Number) | TAT |
| | eck for the following amor | • | processed by this office must l | be payable in US |
| \$150.00 Filing F (\$25 for Conversion & \$125 for Articles of Organization) | n and Certificate of | ☐\$180.00 Filing and Certified Cop | | |
| New Fili | Address: ng Section of Corporations | | Street Address: New Filing Section Division of Corporations 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 <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.

| TECH PROFICIENT, INC | iversion is: |
|--|----------------------------|
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or but | usiness trust, etc.) |
| First organized, formed or incorporated under the laws of | |
| (Enter state, or if a non-U.S. entity, the name of the | ne country) |
| 09/25/2013 on . | |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of O | rganization: |
| TECH PROFICIENT LLC | |
| (Enter Name of Florida Limited Liability Company) | 1 2023 HA |
| 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 calendary). | |
| The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendary. | ar days after 🛶 |
| the date this document is tiled by the Florida Denartment of State) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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. |) 2:2 : STATE |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights twhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | the amount to |

| Signed this 20th day of 03 | | | |
|---|--|--|--|
| Signature of Authorized Representative of Limi | | | |
| Signature of Authorized Representative: Printed Name: HITESH JAIN | Title: AMBR | | |
| Signature(s) on behalf of Other Business Entity: | | | |
| Signature: HITESH JAIN | Title: V | | |
| Signature: Printed Name: PRINANKA VED | m | | |
| Printed Name: PHIMANKA VED | Title: PD | | |
| Signature: Printed Name: | Title: | | |
| Signature: Printed Name: | Title: | | |
| | | | |
| Signature: Printed Name: | Title: | | |
| Signature:Printed Name: | | | |
| Printed Name: | Title: | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. | | | |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. | | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | | |
| All others: Signature of an authorized person. | | | |
| Fees: | | | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) | | |

1 2023 HAR 30 AH 2: 28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|---|--|
| The name of the Limited Liability Com | pany is: | |
| TECH PROFICIENT LLC | | |
| (Must contain the words "Limit | ted Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| | of the principal office of the Limited Liab | oility Company is: |
| _ | - • | , P y |
| Principal Office Address: | Mailing Address: | |
| 9539 PARKVIEW AV | 9539 PARKVIEW AV | |
| BOCA RATON FL 33428 | BOCA RATON FL 33428 | |
| | | |
| business entity with an active Florida registration.) The name and the Florida street address HITESH JAIN | Name | - 2023 HA |
| 9539 PARKVIEW AV | ess (P.O. Box NOT acceptable) | HA 30 |
| | • • | R 30 M 2: 21 NRY OF STAT LAHASSEE, FL |
| BOCA RATON | FL 33428 | in a is |
| City | Zip | 구 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| liability company at the place design registered agent and agree to act in the statutes relating to the proper and coacept the obligations of my position. | ent and to accept service of process for the synated in this certificate, I hereby accept the sis capacity. I further agree to comply with simplete performance of my duties, and I and on as registered agent as provided for in Control of the signature (REQUIRED) | ne appointment as I the provisions of all In familiar with and |

(CONTINUED)

| A | RTI | CI | F | IV. |
|---|-----|----|---|-----|
| | | | | |

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

| <u>Title:</u> | Name and Address: | |
|---|---|---------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | | |
| AMBR | PRIYANKA VED | |
| | 9539 PARKVIEW AV | |
| | BOCA RATON FL 33428 | |
| AMBR | HITESH JAIN | |
| | 9539 PARKVIEW AV | |
| | BOCA RATON FL 33428 | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| | | |
| ARTICLE V: Other provisions, if any. | _ | |
| | 202 | |
| | 2033 HAR | 77 |
| | A A | ******* |
| REQUIRED SIGNATURE: | AHASSEE, | |
| <u>mayong di</u> | SSEE AM | |
| (Fi fair | | |
| | FE 22 | 4341- |
| 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 | |
| as provided for in s.817.155, F.S. | | |
| HITESH JAIN | | |
| Tvr | ned or printed name of signee | |

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)