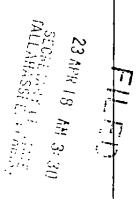


(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:









COVER LETTER

Division of Co	orporations				
SUBJECT: NJRV LLC					
	(Name of Res	ulting Florida Lir	nited Cor	npany)	-
				nd fees are submitted to occordance with s. 605.10	
Please return all corre	spondence concerning	g this matter to	:		
NIKHIL PATEL					
	(Contact Person)				
NJRV LLC					
	(Firm/Company)				
4142 3RD ST S					 7
	(Address)	<u> </u>			23 ALI
JACKSONVILLE BEAC	H FL 32250				23 APR SECKETA
(C	ity, State and Zip Code)				8
NIKHIL_P_PATEL@YA	HOO.COM, NIKP@MY	NEKTER.COM			
E-mail Address: (to be	used for future annual re	port notifications))		်း သ
For further informatio	n concerning this ma	tter, please call	l:		4 3: 30 1,000 1,000
NIKHIL PATEL		at (⁹⁰⁴	9429	9814	•
(Name of Contac	t Person)		le) (Day	ytime Telephone Number)	-
dollars and drawn on a Check # 1051 \$150.00 Filing Fees (\$25 for Conversion	a bank located in the \$155.00 Filing Fees and Certificate of		ng Fees	S185.00 Filing Fees, Certified Copy, and Certificate of Status	e payable in US
& \$125 for Articles of Organization)	Status			Certificate of Status	
Mailing Addr New Filing Se Division of Co P.O. Box 6327	ction orporations '		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee	910
Tallahassee, F	L 32314		2415	N. Monroe Street, Suite	810

Tallahassee, FL 32303

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

"Other Business Entity" into a Florida Limited Liability Company in accordance with s Statutes.	
The name of the "Other Business Entity" immediately prior to the filing of the Articles of NJRV LLC	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, general partnership, common law	
First organized, formed or incorporated under the laws of GA, USA G-24-2022 Filed Articles et org. (Enter state, or if a non-U.S. entity, the name	
on (date/of organization, formation or incorporation)	WER 18
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization
NJRV LLC	[T
(Enter Name of Florida Limited Liability Company)	5 1.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2 3.2 3
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 cathe 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 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 ri	ights the amount to

FEIN # 88 322 1213

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 12	day of APRIL	20
Signature of A	Authorized Representative of Li	mited Liability Company:
		3
Signature of A	Authorized Representative:	2)
Printed Name:	NIKHIL PATEL	Title: SINGLE MBR OF LLC (OWNER)
Signature(s) o	n behalf of Other Business Entity	: See below for required signature(s)
Signature:	46	
Printed Name:	NIKHIL PATEL	Title: OWNER
rimica rame.		True.
Signature:		
Printed Name:		Title:
•		
Signature:		
Printed Name:	·	Title:
Signature:		
Printed Name:		Title:
C: atura		
		Title:
rinited Name.		
Signature:		
Printed Name:		Title:
	-	
If Florida Cor	poration:	
	hairman, Vice Chairman, Director, o	
If Directors or	Officers have not been selected, an	Incorporator must sign.
	neral Partnership or Limited Liab	ility Partnership:
Signature of or	ne General Partner.	
If Florida Lim	sited Dautscachin on Limited Link	ility I imited Doutnouching
	<u>nited Partnership or Limited Liab</u> ALL General Partners.	mty Eminted Partnership.
Signatures of z	Ceneral Farthers.	
All others:		
	authorized person.	
J	•	
Fees:		
Article	es of Conversion:	\$25.00
Fees fo	or Florida Articles of Organization	- · ·
	ed Copy:	\$30.00 (Optional)
	cate of Status:	\$5.00 (Optional)

NJRV LLC		
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
4142 3RD ST S	4142 3RD ST S	
JACKSONVILLE BEACH	JACKSONVILLE BEACH	
FL 32250	FL 32250	
4142 3RD ST S	nme P.O. Box <u>NOT</u> acceptable)	23 APR 18 AH 3: 30 SEONE GARLES FOR TOTAL
JACKSONVILLE BEACH	FL 32250	
City	Zip	
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d in this certificate, I hereby accept	t the appointment as with the provisions of a

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = ManagerAMBR	Name and Address: N.Khil Patel 425 TIMBERWALK CT, APT 1127 PONTE VEDRA BEACH, FL 32082 904 942 9814	
		TALE DELI
(Use attachment if necessary)		1.3St. 1.48t.
ICLE V: Other provisions, if any.		1

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NIKHIL PATEL

Typed 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)

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000011479

Entity Name: NJRV LLC

FILED Apr 11, 2023 **Secretary of State** 2203277978CC

Certificate of Status Desired: No

Current Principal Place of Business:

4100 3RD ST SOUTH **NEKTER JUICE BAR 4142** JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

4142 3RD ST SOUTH JACKSONVILLE BEACH, FL 32250 US

FEI Number: 88-3221213

Name and Address of Current Registered Agent:

4142 3RD ST SOUTH **NEKTER JUICE BAR** JACKSONVILLE BEACH, FL 32250 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.

SIGNATURE: NIKHIL PATEL

04/11/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MBR, OWNER

Name

PATEL, NIKHIL

Address

4142 3RD ST SOUTH

City-State-Zip: JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effe outh; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605. Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIKHIL PATEL

OWNER, SINGLE MBR OF 04/11/2023

LLC

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G23000014024

Fictitious Name to be Registered: NEKTER JUCE BAR

Mailing Address of Business:

4100 3RD ST SOUTH UNIT 4142 New Address
JACKSONMILLE BEACH FI 3342

Florida County of Principal Place of Business: DUVAL

FEI Number: 88-3221213

FILED Jan 30, 2023 Secretary of State

Owner(s) of Fictitious Name:

NJRV, LLC 865 CLUB CHASE LANE ROSWELL, GA 30076

Florida Document Number M22000011479

FEI Number 88-3221213

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155. Florida Statutes

NIKHIL P PATEL

01/30/2023

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF HOTELS AND RESTAURANTS

THE SEATING FOOD, SERVICE (2010) HEREIN IS LICENSED UNDER THE PROVISIONS OF CHAPTER 509 FLORIDASTATUTES W.NBR.OF SEATS: 12

NJRVILL

NEKTER JUICE BAR 4100 3 ST #4142 JACKSONVILLE BEACH FL

LICENSE NUMBER: SEA2615600

EXPIRATION DATE: JUNE 1, 2024

Always verify licenses online at MyFloridaLicense.com

(18:8 HVD8 hot alter this document in any form.



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