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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:	
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Office Use Only



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J/12/19

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: Premlall Consulting LLC				_		
(Name of Resu	ilting Florida Limi	ted Con	npany)			
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Liz	ability Company	y" in ac	d fees are submitted to ecordance with s. 605.1	convert ar 1045, F.S.	ı "Oth	er
Please return all correspondence concerning	this matter to:					
Anil Premlall						
(Contact Person)		_				
Premiall Consulting LLC		_				
(Firm/Company)	 -					
27453 Cashford Circle STE 101		_		/L)33	2023	
(Address)				三 言言	L1.	رعيد،
Wesley Chapel, FL 33544				15.5	2023 FEB 17	r si miti Marani
(City, State and Zip Code)		_				, pan en ; ; ; ;
anil@premiall.com		_		100	\equiv	
E-mail Address: (to be used for future annual re-	port notifications)			四层	2: 25	<u> </u>
For further information concerning this mat	tter, please call:	:		<u>. L.i</u>	Ŋ	
Anil Premlall	at (917)_373-	5045 ytime Telephone Number)			
(Name of Contact Person)	(Area Cod	e) (Da	ytime Telephone Number)			
Enclosed is a check for the following amou dollars and drawn on a bank located in the	nt: (All checks United States)	proces	sed by this office must	t be payabl	e in U	S
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	S180.00 Filin and Certified Co		■\$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		New Divis	et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 810		

Tallahassee, FL 32303

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.

Statutes.	
The name of the "Other Business Entity" immediately prior Premlall Consulting LLC	·
(Enter Name of Other Business Entity	y)
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnershi	ip, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter st	h Carolina tate, or if a non-U.S. entity, the name of the country)
05/21/2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set	forth in the attached Articles of Organization:
Premiall Consulting LLC	
(Enter Name of Florida Limited Liability Con	mpany)
a great and the Constitute date	1/27/2023
4. If not effective on the date of filing, enter the effective date (The effective date: Cannot be prior to date of receipt or fithe date this document is filed by the Florida Department Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	of State)
5. The plan of conversion has been approved in accordance w	ith all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay a which such members are entitled under ss. 605.1006 and 605.	iny members having appraisal rights the amount to .1061-605.1072, F.S.

Signed this <u>27</u> day of <u>January</u>	_ 20	
Signature of Authorized Representative of Limits	ed Liability Company:	
Signature of Authorized Representative: Anil Proprieted Name: Anil Premiali		
Signature(s) on behalf of Other Business Entity: [S	See below for required signature(s)]	
Signature: Anil Premlall Printed Name: Anil Premlall	Title: CEO	
Signature:Printed Name:	_Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_Title:	• •
Signature:Printed Name:	_ Title:	- -
Signature:Printed Name:	_ Title:	- -
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		4.0
<u>Fees:</u>		T.A.
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOI	R F LOKIDA LIMITED LIADI	DIT COMI AIVI
ARTICLE I - Name:		
The name of the Limited Liability Compan	y is:	
Premiall Consulting LLC		
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
27453 Cashford Circle STE 101	27251 Wesley Chapel Blvd Suite 1248	
Wesley Chapel, FL 33544	Wesley Chapel, FL 33544	
		,
ARTICLE III - Registered Agent, Regis	tared Office & Registered Agen	nt's Signature:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an in-	dividual or another
The name and the Florida street address of	the registered agent are:	
Anil Premlall		
	Name	
27453 Cashford Circle S	STE 101	
	s (P.O. Box NOT acceptable)	
Wesley Chapel	FL ³³⁵⁴⁴	
City	Zip	
Having been named as registered agent liability company at the place designe registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an	ept the appointment as wwith the provisions of all d I am familiar with and
Anil Premlall	,	
Registered Agent	's Signature (REQUIRED)	2023 r
(CO	NTINUED)	

The name and address of each person authorized to manage and control the Limited Liability Name and Address: Title: $\overline{\text{"AMBR"}}$ = Authorized Member "MGR" = Manager Anil Premlall MGR 27453 Cashford Circle STE 101 Wesley Chapel, FL 33544 (Use attachment if necessary) ARTICLE V: Other provisions, if any. REQUIRED SIGNATURE: Anil Promlall 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. Anil Premlall 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)

ARTICLE IV-