

123000330666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

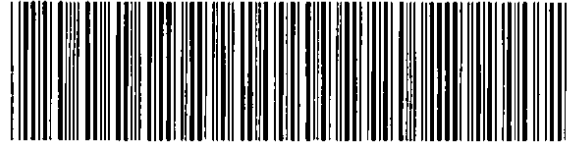
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500411095185

06/26/23--01007--026 \*\*155.00

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JUL 26 2023

23 JUL 26 AM 2:28

FILED

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: APPS VISION PARTNERS LLC  
(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:

NAGI VUPPALA

(Contact Person)

APPS VISION PARTNERS LLC

(Firm/Company)

2600 GREENHAVEN AVE # 201

(Address)

WESLEY CHAPEL, FL, 33543

(City, State and Zip Code)

NAGI.VUPPALA@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

NAGI VUPPALA

(Name of Contact Person)

at ( 603 ) 438-8424

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☒ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
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

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

APPS VISION PARTNERS LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC (Limited Liability Company)  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NEW HAMPSHIRE  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/23/2015  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

APPS VISION PARTNERS LLC  
(Enter Name of Florida Limited Liability Company)

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 calendar days after 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 will not be listed as the 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 rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23<sup>rd</sup> day of June 2023.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: V V

Printed Name: NAGI VUPPALA Title: MANAGER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: V V

Printed Name: NAGI VUPPALA Title: MANAGER

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 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:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

23 JUN 26 PM 2:28  
RECEIVED  
CLERK OF DISTRICT COURT  
JULY 10 2023

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

APPS VISION PARTNERS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

APPS VISION PARTNERS LLC  
2600 GREENHAVEN AVE #201  
WESLEY CHAPEL FL 33543

### Mailing Address:

APPS VISION PARTNERS LLC  
2600 GREENHAVEN AVE #201  
WESLEY CHAPEL, FL 33543

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NAGI VUPPALA

Name

2600 GREENHAVEN AVE #201

Florida street address (P.O. Box NOT acceptable)

WESLEY CHAPEL FL 33543

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

V P (NAGI VUPPALA)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

NAGI VUPPALA  
2600 GREENHAVEN AVE #201  
WESLEY CHAPEL, FL 33543

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

FILED  
23 JUN 26 AM 8:25  
TALLAHASSEE, FL  
SECRETARY OF STATE

**REQUIRED SIGNATURE:**

N I (NAGI VUPPALA)

**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.

NAGI VUPPALA

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)**

FILE

23 JUN 26 AM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001  
Last Login: 02/20/2021 01:38 PM

Account

## Business Information

### Business Details

Business Name: APPS VISION PARTNERS LLC

Business ID: 735176

Business Type: Domestic Limited Liability Company

Business Status: Good Standing

Management Style: Manager Managed

Business Creation Date: 11/23/2015

Home in State of Formation: Not Available

Date of Formation in Jurisdiction: 11/23/2015

Principal Office Address: 54 Cadogan Way, Nashua, NH, 03062, USA

Mailing Address: NH, USA

Citizenship / State of Formation: Domestic/New Hampshire

Duration: Perpetual

Last Annual Report Year: 2023

Next Report Year: 2024

Business Email: nvuppala@comcast.net

Phone #: 603-438-8424

Modification Email: NONE

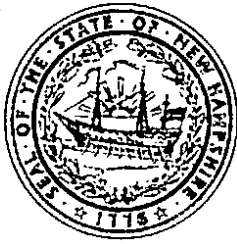
Fiscal Year End Date: NONE

### Principal Purpose

S.No NAICS Code

NAICS Subcode

1 OTHER / software consulting, development of software products



# State of New Hampshire

## Department of State

### 2023 ANNUAL REPORT

Filed  
Date Filed: 4/17/2023  
Effective Date: 4/17/2023  
Business ID: 735176  
David M. Scanlan  
Secretary of State

BUSINESS NAME:	APPS VISION PARTNERS LLC
BUSINESS TYPE:	Domestic Limited Liability Company
BUSINESS ID:	735176
STATE OF FORMATION:	New Hampshire

CURRENT PRINCIPAL OFFICE ADDRESS	CURRENT MAILING ADDRESS
54 Cadogan Way Nashua, NH, 03062, USA	NONE

REGISTERED AGENT AND OFFICE	
REGISTERED AGENT:	Vuppala, Nagi
REGISTERED AGENT OFFICE ADDRESS:	54 Cadogan Way Nashua, NH, 03062, USA

PRINCIPAL PURPOSE(S)	
NAICS CODE	NAICS SUB CODE
OTHER / software consulting, development of software products	735116

MANAGER / MEMBER INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
Nagi Vuppala	54 Cadogan Way, Nashua, NH, 03062, USA	Manager

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.	
Title: <u>Manager</u>	
Business Name: <u>Apps Vision Partners</u>	
Name of Signer: <u>Nagi R Vuppala</u>	
Title of Signer: <u>Manager</u>	





# State of New Hampshire

## Department of State

### Payment Receipt



Work Order #: 20239980765239

Receipt Date/Time: 04/17/2023 11:20:00 PM

**Payer Information:**

APPS Vision Partners LLC  
54 Cadogan Way  
Nashua, NH, 03062, USA

**Filer Information:**

APPS Vision Partners LLC  
54 Cadogan Way  
Nashua, NH, 03062, USA

Payer Customer ID: 406383

Filer Customer ID: 406383

**Payment Information:**

Date	Payment Type	Payment Reference	Authorization #	Payment Status	Payment Amount
04/17/2023 11:33:55 PM	Credit Card		Auth#: 01720Z	Paid	\$152.00
Total Payment Received:					\$152.00

**Transaction Description:**

Transaction #	Description	Reference Information
20239980765239-000	Handling Charge	N/A
20239980765239-001	Annual Report - Domestic Limited Liability Company	APPS Vision Partners LLC

**Transaction Information:**

Date Received	Transaction #	Amount
04/17/2023 11:20:00 PM	20239980765239-000	\$2.00
04/17/2023 11:20:00 PM	20239980765239-001	\$150.00
Total		\$152.00

Drawdown Account Balance:	\$0.00	Total Due:	\$0.00
Credit Account Balance:	\$0.00	Total Refunded:	\$0.00
		Total Change To Credit Account Balance:	\$0.00