L23000394523

(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:			

Office Use Only



97/11/23--01029--017 **150.00

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Sorah Consulting LLC		
(Name of)	Resulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Ar Business Entity" into a "Florida Limited	•	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:	
Albert Rodrigues		
(Contact Person)		
Sorah Consulting LLC		
(Firm/Company)		
470 NE 5th Avenue, Apt 3718		
(Address)		
Fort Lauderdale, FL 33301		
(City, State and Zip Code	e)	
albert@sorahgroup.com		
E-mail Address: (to be used for future annua	l report notifications)	
For further information concerning this i	natter, please call:	
Albert Rodrigues	at (<u></u> 908) 627 3022
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following am dollars and drawn on a bank located in the	•	rocessed by this office must be payable in US
\$\frac{1}{2}\$\$\\$150.00\$\$ Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	s □\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations		Street Address: New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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 <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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SGILLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
9/25/2022
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:
Sorah Consulting LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 7/18/2023
(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 fisted 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 22 day of August	2023
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative. ————————————————————————————————————	Title: (AMBR
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Albert Rodrigues Printed Name: Albert Rodrigues	Title: Managing Member
Signature:	-
Printed Name: Claudia S Rodrigues	Title: Managing Member
Signature.	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature.	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In-	
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	tv Partnership:
<u>If Florida Limited Partnership or Limited Liabili</u> Signatures of <u>ALL</u> General Partners.	tv Limited Partnership:
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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
Sorah Consulting LLC	
(Musi contain the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
470 NE 5th Avenue, Apt 3718	470 NE 5th Avenue
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Albert Rodrigues	
 -	Name

470 NE 5th Avenue, Apt 3718

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

Fort Lauderdale

FL 33301

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.

legistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Memb	/. m
	ur
"MGR" = Manager	
AMBR and MGR	Albert Rodrigues
	470 NE 5th Avenue, Apt 3718
	Fort Lauderdale, FL 33301
AMBR	Claudia Rodrigues
	470 NE 5th Avenue, Apt 3718
	Fort Lauderdale, FL 33301
AMBR	Nikole C Rodrigues
	470 NE 5th Avenue, Apt 3718
	Fort Lauderdale, FL 33301
(MDD	Kirk OD III
AMBR	Kristen C Rodrigues 470 NE 5th Avenue, Apt 3718
	Fort Lauderdale, FL 33301
	Fort Lauderdale, FL 53301
(Use attachment if necessary)	
• •	
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LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	7)
REQUIRED SIGNATURE:	or or an authorized representative of a mamber
Signature of a memb This document is executed in account of a member of a member of the submitted in account of th	per or an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statutes. I am aware the a document to the Department of State constitutes a third degree felo
Signature of a memb This document is executed in account of a provided for in s.817.155, F.S.	ordance with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a memb This document is executed in account of a member of a member of the submitted in account of th	ordance with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a memb This document is executed in account of a provided for in s.817.155, F.S.	Typed or printed name of signee Typed or printed name of signee
Signature of a memb This document is executed in account any false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues	Typed or printed name of signee Filing Fees
Signature of a memb This document is executed in account any false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues	Typed or printed name of signee Filing Fees icles of Organization and Designation of Registered A
Signature of a memb This document is executed in account false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues \$125.00 Filing Fee for Art	Typed or printed name of signee Filing Fees icles of Organization and Designation of Registered A
Signature of a memb This document is executed in account false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues \$125.00 Filing Fee for Art	Typed or printed name of signee Filing Fees icles of Organization and Designation of Registered A
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Signature of a memb This document is executed in account false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues \$125.00 Filing Fee for Art	Typed or printed name of signee Filing Fees icles of Organization and Designation of Registered Apptional) \$\frac{5}{2}\$ 5.00 Certificate of Status (Options)
Signature of a memb This document is executed in acceany false information submitted in as provided for in s.817.155, F.S. Albert Rodrigues \$125.00 Filing Fee for Art	Typed or printed name of signee Filing Fees icles of Organization and Designation of Registered A

Company history in Connecticut

Company organized as
Prosperity Investors LLC on 9/25/2022
(see attached)
FEIN obtained (see attached)

Prosperity Investors LLC renamed to SGI LLC on 10/21/2022 (see attached)

2623 JU_ 11 FA 12: 25



Filing Details

Filing Number: 0011015570

Filed On: 9/25/2022 5:11:15 PM

Primary Details

Name of Limited Liability Company: Prosperity Investors LLC

Business ALEI:

US-CT.BER:2636170

Business Email Address:

albert@albertrodrigues.com

NAICS Information:

Other Activities Related to Real Estate (531390)

Business Location

Principal Office Address: 20 Front Street, 418, Hartford, CT, 06103, United States

Mailing Address:

20 Front Street, 418, Hartford, CT, 06103, United States

Appointment of Registered Agent

Type: Individual

Agent's Name: Albert Rodrigues

Business Address: 20 Front Street, 418, Hartford, CT, 06103, United States Residence Address: 20 Front Street, 418, Hartford, CT, 06103, United States

Mailing Address: 20 Front Street, 418. Hartford, CT, 06103, United States

Agent Appointment Acceptance

Agent Signature:

This signature has been executed electronically

Manager or Member Information

Name	Title	Business Address	Residence Address
Albert Rodrigues	Managing Member	20 Front Street, 418, Hartford, CT, 06103, United States	20 Front Street, 418. Hartford, CT, 06103. United States
Claudia Rodrigues	Managing Member	20 Front Street, 418, Hartford, CT, 06103, United States	20 Front Street, 418, 27 Hartford, CT, \bigcirc - \bigcirc 06103, \bigcirc CD

Filing Number: 0011015570 Filed On: 9/25/2022 5:11 PM



Acknowledgement

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Organizer:

Albert Rodrigues

Organizer Title:

Managing Member

Filer Name:

Albert Rodrigues

Filer Signature:

Albert Rodrigues 09/25/2022

Execution Date: 09/25/2022 This signature has been executed electronically

2028 JUL 11 - Fii (2: 25

Filing Number: 0011015570 Filed On: 9/25/2022 5:11 PM

Date of this notice: 09-26-2022

Employer Identification Number:

92-0456013

Form: SS-4

Number of this notice: CP 575 B

PROSPERITY INVESTORS LLC ALBERT PODPIGUES I MBR 20 FRONT ST APT 418 HARTFORD, CT 06103

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AM EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-(456013. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent recriss.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and refine it to us.

Base: on the information received from you or your representative, you must tile the ${\tt following}$ forms by the dates shown.

Form 1065 03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) hased on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IFS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IFS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. I (or supersecting Revenue Procedure for the year at issue). Mote: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election.

See Form 8832 and its instructions for additional information.

A limited dispility company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Neep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You ray 9.70 a copy of this document to anyone asking for proof of your EIN.
- * Use this EIM and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Fefer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PROS. You will need to provide this information along with your EIN, if you file your returns electronically.

Safequard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Buide for Your Business.

You can get any of the forms or publications mentioned in this letter by v.sit.ng our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3616).

If you have questions about your BIM, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stup at the bottom of this hotice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

You: Telephone Number | Best Time to Call | DATE OF THIS NOTICE: | 09-26-2022 | EMPLOYER IDENTIFICATION NUMBER: 92-0456013 () -FORM: SS-4 MOBOD

IMTERMAL REVENUE SERVICE VINCINMATE ON 45999-0023 bladdabladdalladlaadballddal

PROSPERITY IMMESTORS LLC ALBERT RODRIGUES I MBR 20 FRONT ST APT 418 HARTFORD, CT 06103



Secretary of the State of Connecticut Certificate of Amendment

Domestic Limited Liability Company

Filing Details

Filing Number: 0011043898 Number of Pages:

Filed On: 10/21/2022 1:23:16 PM Effective Date & Time: 10/21/2022 2:00 PM

Primary Details

Name of Limited Liability Company: Prosperity Investors LLC Business ALEI: US-CT.BER:2636170

Text of Amendment

The Limited Liability Company's Certificate of Organization is amended to change its name only.

Updated Name of Limited Liability SGI LLC Company:

Acknowledgement

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Authorizer: Albert Rodrigues
Authorizer Title: Managing Member

Filer Name: Albert Rodrigues
Filer Signature: Albert Rodrigues
10/21/2022

Execution Date: 10/21/2022
This signature has been executed electronically

Filing Number: 0011043898 Filed On: 10/21/2022 1:23 PM