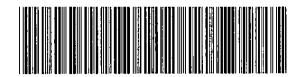
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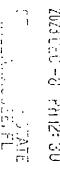
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	 y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/31/23--01043--007 **185.00





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.

MLV Group LLC (Enter Name of Ot	her Business Entity)
2. The Cother Business Entity? is a solo limited	liability company
(Enter entity type. Example: corporation	limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under t	he laws of
10/4/2019	
On (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability C	ompany as set forth in the attached Articles of Organization:
MLV GROUP LLC	·
(Enter Name of Florida Lir	nited Liability Company)
4. If not effective on the date of filing, enter the	e effective date:
the date this document is filed by the Florida	applicable statutory filing requirements, this date will not be listed as the
the date this document is filed by the Florida Note: If the date inserted in this block does not meet the	a Department of State.) applicable statutory filing requirements, this date will not be listed as the eccords.
the date this document is filed by the Florida Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 15. The plan of conversion has been approved in	a Department of State.) capplicable statutory filing requirements, this date will not be listed as the records. a accordance with all applicable statutes. agreed to pay any members having appraisal rights the amount to

Signed this 23 day of October	_ 20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Signature of Authorized Representative: Printed Name: Krishna Leela Challagulla	Me bela ch Title: Owner
Signature(s) on behalf of Other Business Entity: [5]	See below for required signature(s)
Signature: Krishna Leela Challagulla	
Printed Name: Krishna Leela Challagulla	Title: Owner
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Tid
Signature:Printed Name:	This
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty 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)

2023 DEC - C PH 12: 30

ARTICLES OF ORGANIZATION FOR F	EOMDA EIMITED EIM	Distriction in the
ARTICLE I - Name:	a.	
The name of the Limited Liability Company i	5.	
MLV GROUP LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
27 Bramble Ct	27 Bramble Ct	
St. Augustine	St. Augustine	
FL-32092	FL-32092	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registration,) The name and the Florida street address of the	gistered Agent. You must designate an	
Krishna Leela Challagulla Nar	ne	
27 Bramble Ct	O. Box NOT acceptable)	
St. Augustine		
City	FL ³²⁰⁹² Zip	
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as t	in this certificate, I hereby a acity. I further agree to comp e performance of my duties, a	ccept the appointment as ply with the provisions of all and I am familiar with and
Registered Agent's Si	gnature (REQUIRED)	7023
(CONTI	INUED)	SEC-O PMI2: 30

ARTICLE IV-

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

"MGR" = Manager			
AMBR	Malleswara Rao Challagulla		
	27 Bramble ct		
	St. Augustine, FL-32092		
			
		 	
			
		7023	
		〒三選	
(Use attachment if necessary)			
(Ose attachment if necessary)		င်ာ	
		<u> </u>	
CLE V: Other provisions, if any.		N 12: 30	
research state providence, in any.			

REQUIRED SIGNATURE:

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.

Malleswara Rao Challagulla

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)