# L24000/03373

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



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7.5.4 3/4/24

## **COVER LETTER**

TO: New Filing Section		
Division of Corporations		
SUBJECT: FABMINDZ LLC		
	of Resulting Florida Lim	ited Company)
The enclosed Articles of Conversion, Business Entity" into a "Florida Limit	Articles of Organizated Liability Compan	tion, and fees are submitted to convert an "Other sy" in accordance with s. 605,1045, F.S.
Please return all correspondence conc	erning this matter to:	
Anthony Morales		
(Contact Person)	· · · · · · · · · · · · · · · · · · ·	_
MyUSACorporation.com		
(Firm/Company)	-	_
1 Radisson Plaza, Suite 800		
(Address)	<del></del>	_
New Rochelle, NY 10801		
(City, State and Zip C	ode)	_
info@myusacorporation.com		
E-mail Address: (to be used for future ann	ual report notifications)	_
For further information concerning thi	is matter, please call:	
Anthony Morales	at ( 877	330-2677
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following adollars and drawn on a bank located in	amount: (All checks) the United States)	processed by this office must be payable in US
☐ \$150,00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155,00 Filing I and Certificate of Status	Fees S180,00 Filing and Certified Co	
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 8 TT

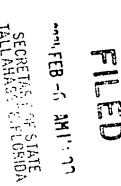
## Articles of Conversion For "Other Business Entity"

### 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.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  BMINDZ LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a  (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.)
Fir	rst organized, formed or incorporated under the laws of
	(date of organization, formation or incorporation)
	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FA	BMINDZ LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after edate this document is filed by the Florida Department of State.)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 31st day of January	20 <u>24</u> .
Signature of Authorized Representative of Lin	nited Liability Company:
Signature of Authorized Representative: Printed Name: Nava Ratnakar Cherukuru	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Along Potoclar Charles	
Printed Name: Nava Ratnakar Cherukuru	Title: Member
Signature:	
Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Signature: Printed Name:	Title:
Signature: Printed Name:	T.M.
Filmed Name:	Hue:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	ity 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)

\*\*\*\*:FEB -G XMI''- 10

the taune of ale Diffiled Diaoni	y Company is:		
	y company is:		
FABMINDZ LLC			
(Must contain the wor	ls "Limited Liability Compar	ny, "L.L.C.," or "L.LC.")	
ARTICLE II - Address:			
The mailing address and street a	ldress of the principal	office of the Limited Liability Comp	any is:
Principal Office Address:	<u>Mail</u>	ing Address:	
8821 Drummer Plank Dr	8821	Drummer Plank Dr	
		At 1 51 000 15	
	nt, Registered Office	ey Chapel, FL 33545  e. & Registered Agent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company cannot see business entity with an active Florida regis	nt, Registered Office ve as its own Registered Agentration.)	e, & Registered Agent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company cannot see business entity with an active Florida regis	nt, Registered Office ve as its own Registered Agentration.) address of the registere r Cherukuru	e, & Registered Agent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street	nt, Registered Office we as its own Registered Agentration.)	e, & Registered Agent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company cannot ser business entity with an active Florida regis The name and the Florida street	nt, Registered Office we as its own Registered Agentration.) address of the registered r Cherukuru Name	e, & Registered Agent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company cannot see business entity with an active Florida regis The name and the Florida street  Nava Ratnaka	nt, Registered Office we as its own Registered Agentration.) address of the registered r Cherukuru Name	e, & Registered Agent's Signature:  nt. You must designate an individual or enother  ed agent are:	
ARTICLE III - Registered Age The Limited Liability Company cannot see business entity with an active Florida regis The name and the Florida street  Nava Ratnaka	nt, Registered Office we as its own Registered Agentration.) address of the registere r Cherukuru  Name r Plank Dr et address (P.O. Box N	e, & Registered Agent's Signature:  nt. You must designate an individual or another  ed agent are:  NOT acceptable)	

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..

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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Nava Ratnakar Cherukuru
	8821 Drummer Plank Dr
	Wesley Chapel, FL 33545
AMBR	Hema Latha Mellempudi
	8821 Drummer Plank Dr
	Wesley Chapel, FL 33545
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
	-
REQUIRED SIGNATURE;	
The state of the s	that
14/ 21/ 2	

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.

Nava Ratnakar Cherukuru

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)

SECRETATION OF STATE

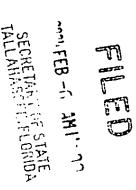
1. LEB -U 7. N. I.

## 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: FABMINDZ LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a 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
11/02/2015 on
11/02/2015 On
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FABMINDZ 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 31st day of January		
Signature of Authorized Representative	20 <u>24</u>	
Representative	of Limited Liability Component	
Signature of Authorized Representative:	BI + U	
Printed Name: Nava Ratnakar Cherukum	Thatakar	
Printed Name: Nava Ratnakar Cherukuru	Title: Member	
Signature(s) on behalf of Other Business En		
Signature: Phatmakar	itity: [See below for required signature)	-11
Printed No.	I we ag signature	sjj
Printed Name: Nava Ratnakar Cherukuru Signature:	721.1	
Signature	little; Member	
Signature: Printed Name: Signature:		
	l'itle:	
Signature:	1110.	_
Signature: Printed Name: Signature:	····	
	1.11a.	
Signature:		
Signature:Printed Name:		
Printed Name:  Signature:	l'itle:	
Signature: Printed Name:		
	Title	
Signature:Printed Name:	riue;	_
Printed Name:		_
	Title:	
If Florida Corporation:		_
Signature of Chain To		
of Directors or Officers have not been selected an	or Officer.	
If Directors or Officers have not been selected, an	incorporator must sign.	
If Florida General Partnership or Limited Liab Signature of one General Partner.	ility Power	
If Florida Limited Partnership or Limited Liabi Signatures of ALL General Partners.		
Signatures of ALL General Posts	lity Limited Partnership	
	22 Tarthership;	
All others:		
Signature of an authorized person.		
Fees:		
1003.		
Articles - 6 C		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization: Certified Copy:	\$125.00 \$125.00	-
Certificate of Status:	\$30.00 (Optional)	JY 3S
Status:	\$5.00 (Optional)	

\$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	Liability Company, "L.L.C.," or "l.LC.")	IPANY
FABMINDZ LLC  (Must contain the words "Limited  ARTICLE II - Address: The mailing address and street address of	Liability Company, "L.L.C.," or "l.LC.")	
FABMINDZ LLC  (Must contain the words "Limited  ARTICLE II - Address: The mailing address and street address of	Liability Company, "L.L.C.," or "l.LC.")	
(Must contain the words "Limited ARTICLE II - Address: The mailing address and street address of		
(Must contain the words "Limited ARTICLE II - Address: The mailing address and street address of		
The mailing address and street address of		
The mailing address and street address of		
Principal Office Address:	the principal age.	
Principal Office Address:		
The Address:	and principal office of the Limited Liability Com-	pany is:
	Mailing Address:	,, .3.
8821 Drummer Plank Dr	7.du1 e33;	
Wesley Chapel, FL 33545	8821 Drummer Plank Dr	
	Wesley Chapel, FL 33545	
ADDITION		
ARTICLE III - Registered Agent, Regist	ov. 1 0	
business entity with an active Flacial Serve as its own I	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The	rou must designate an individual or another	
The name and the Florida street address of t	ha rocist	
NT -	te registered agent are:	
Nava Ratnakar Cherukuru		
Na	ume	
8821 Drummas Di		
8821 Drummer Plank Dr	<del></del>	
P	O. Box NOT acceptable)	
Wesley Chapel	000	
City	<u> </u>	
*	Zip	
liability commend as registered agent and	to accept service of process for the above stated li	
egistered agent and the place designated	to accept service of process for the above stated li in this certificate, I hereby accept the appointment city. I further agree to comply with the provider	mited
statutes relating to the	in this certificate, I hereby accept the above stated life in this certificate, I hereby accept the appointment city. I further agree to comply with the provisions performance of my duties, and I am familiary	as
accept the obligations of	performance of my duties	of all
onguions of my position as re	city. I further agree to comply with the provisions performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S.	and
814	-/ Chapter 605, F.S	•
- thoras	That I	
Registered Agent's Sign		
-50th 3 Sigi	ature (REQUIRED)	
(CONTINI	JED) CRET	-M
	B. 8-	ورورون روورون
	::- <u>1</u>	ij
	, v = 23	
	in i	C J
	STELFLORIDE	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nava Ratnakar Cherukuru
	8821 Drummer Plank Dr
	Wesley Chapel, FL 33545
AMBR	Hema Latha Mellempudi
	8821 Drummer Plank Dr
	Wesley Chapel, FL 33545
(Use attachment if necessary)	
LE V: Other provisions, if any.	

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.

Nava Ratnakar Cherukuru

ARTICLE IV-

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)

