L24000165418

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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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:
PRAYAN TECH 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 MASSACHUSETTS (Enter state, or if a non-U.S. entity, the name	c of the country)
on 12/16/2022 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	of Organization:
PRAYAN TECH 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 cales 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 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.	
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal rig which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ghts the amount to
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Signed this 25 th day of	20.24
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: B: Printed Name: SAT PRAYEEN BOLLA	Title: MANAGER
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: T- DOWNYA DEVI TOMMINEE	
Signature: B. Sai PRAVEEN BOLLA	
Printed Name: SAI PRAVEEN BOLLA	Title: MANAGER
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	Til
Printed Name:	1 itie:
Signature:Printed Name:	Tisto
Printed Name:	_ 1 tue:
Signature:Printed Name:	Tisto
Frinted Name.	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Co.	Officer
If Directors or Officers have not been selected, an Inc	
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.	
Fces:	
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 Company is:	
PRAYAN TECH 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	d Liability Company is:
Principal Office Address: Mailing Address:	
47 JAVA LN SAINT AUGUSTINE FL 32092 47 JAVA LN SAINT AUGUST FL 32092	TINE
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ibusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
SAI PRAVEEN BOLLA Name	
Name	
47 JAVA LN	
Florida street address (P.O. Box NOT acceptable)	
SAINT AUGUSTINE FL 32092 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accepts tered agent and agree to act in this capacity. I further agree to complete statutes relating to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for	cept the appointment as ly with the provisions of all nd I am familiar with and
B.S.	24
Registered Agent's Signature (REQUIRED)	<u>.</u> .
	C
(CONTINUED)	

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR R	SAI PRAVEEN BOLLA 47 JAVA LN SO-INT AUGUSTINE FL 320
<u>mar</u>	SOWMYA DEVI TOMMINES 47 JOYA LN SAINT BUGUSTINE FL 320

(Use attachment if necessary)	
· -	•
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
B. S. Fin	-પ
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware ment to the Department of State constitutes a third degree for

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)