

L24000327334

(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



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07/22/24--01011--02. **160.00

FILED
JUL 22 PM 1:00
STATE

T.S.H
7/29/24

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 4 VOICE 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:

T R LAXMAN

(Contact Person)

T R THE TAXMAN INC

(Firm/Company)

1095 BROKEN SOUND Pkwy NW-SUITE 201

(Address)

BOCA RATON, FL 33487

(City, State and Zip Code)

laxman@trthetaxman.net

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

For further information concerning this matter, please call:

T R LAXMAN

at (561) 4043057

(Name of Contact Person)

(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 32305

FILED
JUN 20 PM 1:00
STATE

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:
4 VOICE 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 DELAWARE STATE - MO7D000003987
(Enter state, or if a non-U.S. entity, the name of the country)

on 06-29-2007
(date of organization, formation or incorporation)

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

NOTE: ATTACHED CERTIFICATE OF CANCELLATION OF THE DELAWARE REGISTRATION.

FILED
2007 JUN 29 PM 1:00
FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4 VOICE 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:

1095 BROKEN SOUND PkWy NW

SUITE 201

BOCA RATON, FL 33487

Mailing Address:

1095 BROKEN SOUND PkWy NW

SUITE 201

BOCA RATON, FL 33487

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:

T R THE TAXMAN INC

Name

9858 CLINT MOORE RD-STE C111-131

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

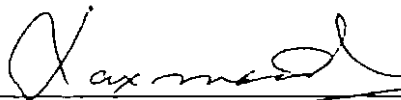
BOCA RATON

FL 33496

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.,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
JAN 20 PM 1:00
STATE

Signed this 18TH day of JULY 20 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Amruth Laxman
Printed Name: AMRUTH LAXMAN Title: MEMBER-MANAGER

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

Signature: Amruth Laxman
Printed Name: AMRUTH LAXMAN Title: MEMBER 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)

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JUL 22 PM 1:00
STATE

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:

AMRUTH LAXMAN

9911 LIBERTY ROAD

BOCA RATON, FL 33431

MGR

HAROLD FORMAN

12630 YARDLEY DR

BOCA RATON, FL 33428

MGR

DIMITRI VERZHINSKI

2205 SW 22nd Ave-aPT 203

DELRAY BEACH, FL 33445

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

PURPOSE OF THE BUSINESS - ANY AND ALL LAWFUL BUSINESSES

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.

AMRUTH LAXMAN

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)

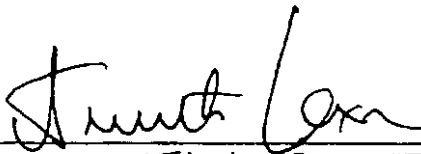
\$ 5.00 Certificate of Status (Optional)

FILED

STATE OF DELAWARE
CERTIFICATE OF CANCELLATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to cancel the limited liability company pursuant to Section 18-203 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is 4 VOICE LLC
2. The Certificate of Formation of the limited liability company was filed on 06-29-2007

By: 
Authorized Person

Name: AMRUTH LAXMAN
Print or Type

FILED

2024 JUL 16 10:29 AM
STATE OF DELAWARE



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8868681
4 VOICE LLC
1095 BROKEN SOUND PKWY NW
STE 201
BOCA RATON, FL 33487

07-16-2024

ATTN: T R LAXMAN

DESCRIPTION	AMOUNT
4380870 - 4 VOICE LLC 17203 Cancellation; Trust,GP,LP,LLC,RSE	
Cancellation Fee	\$180.00
Court Municipality Fee, Wilm.	\$40.00
Expedite Fee, Same Day	\$200.00
TOTAL CHARGES	\$420.00
TOTAL PAYMENTS	\$420.00
BALANCE	\$0.00

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JUL 16 2024 PM 1:00
STATE