L240W378503

	(Requestor's Name)	
	(Address)	
	(134, 335)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

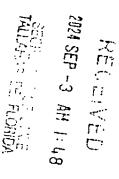
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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09/03/2024

NAME:

SRD ADVISORS LLC

TYPE OF FILING: CONVERSION

COST:

185.00

RETURN: CERTIFIED COPY AND GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

r

COVER LETTER

TO: New Filing Section Division of Corpo						
ODD Addi						
SUBJECT: SHD Advisors		ulting Florida Limit	ed Con	ngany)	-	
The enclosed Articles of Business Entity" into a "I	Conversion, Articl Florida Limited Li	es of Organizati ability Company	on, an	d fees are submitted to o		"Other
Please return all correspo	ndence concerning	g this matter to:				
Geoffrey E. Sherman, Esq.						
(C	ontact Person)		-			
Oppenheim Law						
(F	irm/Company)		•		3	2021
2500 Weston Road, Suite 2	209					3S.
	(Address)		-		AH.	-0 1
Weston, FL 33331		,			AS:	2024 SEP -3 AM 9:47
(City,	State and Zip Code)		-		(N) (1)	AH
geoffrey@oplaw.net					al m ^Ω	بو
E-mail Address: (to be use	d for future annual rep	port notifications)	•		L.E.	47
For further information co	oncerning this mat	ter, please call:				
Geoffrey Sherman	_	_at (⁹⁵⁴	√384-6	5114		
(Name of Contact Pe	rson)	_at (Day	time Telephone Number)	-	
Enclosed is a check for the dollars and drawn on a ba			rocess	sed by this office must b	e payable	in US
_	S155.00 Filing Fees Certificate of tus	□\$180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Address: New Filing Section Division of Corpor P.O. Box 6327	n		New I Divisi	t Address: Filing Section ion of Corporations centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: SRD Advisors 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 (At, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business that, etc.)
First organized, formed or incorporated under the laws of California (Enter state, or if a non-U.S. entity, the name of the country)
July 26, 2021 [17.5]
July 26, 2021 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:
SRD Advisors LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: September 6, 2024
(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 3rd day of September	2024 .	
Signature of Authorized Representative of Limited Liability Company:		
Signature of Authorized Representative: Printed Name: Geoffrey E. Sherman, Esq.	Title: Attorney	
	s Entity: [See below for required signature(s)]	
Signature: Shikhar Das	Title: Member	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:		
Signature:		
	Title:	
	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, D If Directors or Officers have not been sele		
If Florida General Partnership or Limit Signature of one General Partner.	ted Liability Partnership:	
If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:	
All others: Signature of an authorized person.		
Fecs:		

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Organization: Certified Copy:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
SRD Advisors 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 Li	ability Company is:
Principal Office Address:	Mailing Address:	2024 SEP -3
11200 SW 71st Avenue	11200 SW 71st Avenue	
Pinecrest, FL 33156	Pinecrest, FL 33156	
		<u> </u>
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's n Registered Agent. You must designate an indivi	dual or another
The name and the Florida street address o	f the registered agent are:	m T
Oppenheim & Pilelsky,	P.A.	
	Name	
2500 Weston Road, Su	ite 209	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
Weston	FI 33331	

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..

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

Title:	Name and Address		
"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Shikhar Das 11200 SW 71st Avenue		
			
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(Use attachment if necessary)	SE SE		
(Obe attachment it necessary)	$\widetilde{\omega}^{\infty}$		
	ĘĀ		
ARTICLE V: Other provisions, if any.	· 王		
The effective date of these Articles of Organization	on shall be September 6, 2024		
REQUIRED SIGNATURE:			
Signature of a member or a	an authorized representative of a member		
any false information submitted in a document	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felony		
as provided for in s.817.155, F.S.			
Children Dec Maria	Harlin Con		
Shikhar Das, Member	Winny In		
1 yr	ped or printed name of signee		

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

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Filing Fees