

N23000014991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

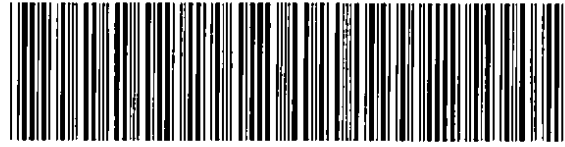
(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UNIVERSITY OF ORLANDO INC
Name of Resulting Florida ~~Profit~~ Corporation
Non Profit

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida ~~Profit~~ Corporation" in accordance with ss. ~~607.11~~ 607.11933 & ~~607.02~~ 607.0202, F.S.
Non Profit 617 617

Please return all correspondence concerning this matter to:

JUNAID AFZAL
Contact Person

PTH FINANCIAL AND INSURANCE
Firm/Company

1322 N PINE HILLS ROAD
Address

ORLANDO, FL - 32808
City, State and Zip Code

JUNAID@PROTAXHELP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUNAID AFZAL at (407) 298-3900
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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 32303

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation
~~Non-Profit~~

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. 607.4115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

University of Orlando, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FL
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/27/2022
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

University of Orlando, Inc.
Enter Name of Florida Profit Corporation
~~Non-Profit~~

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 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.

Signed this 5th day of December, 2023

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Vincent Samfull
Printed Name: VINCENT Samfull Title: President

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

Signature: Vincent Samfull

Printed Name: VINCENT Samfull Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$3.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: University of Orlando, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1780 N Mills Ave

Orlando FL 32003

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious,
educational and scientific under section 501(c)(3) of the
Internal Revenue Code or corresponding sections of any future
federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: in accordance
with the Bylaws of the company

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vineel Sompalli - President Name and Title: Thatipalli Gopal Krishna Malaker - Dir

Address: 9711 Deacon Ct Address: 11765 Mandarin Rd
Windermere FL 34786 Jacksonville FL 32223

Name and Title: Kimberly C Bell - Dir Name and Title: _____

Address: 4703 Meadowland Dr Address: _____
Mt Dora FL 32757

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PTH Financial & Insurance (Anees A. Tandi)

Address: 1322 N Pine Hills Rd
Orlando FL 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vineel Sempalli

Address: 9711 Deacon Ct
Windsor Park FL 34786

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

12/05/2023
Date

I submit this document and affirm that the facts stated herein are true. 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.

Required Signature of Incorporator

12/5/23
Date

2023