

P14000059400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

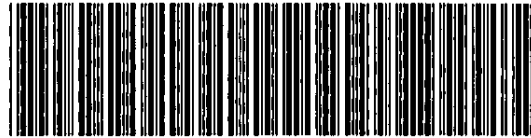
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 11 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-39959

07/14/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2014

CHARLES S. DALE  
414 NE 4 STREET  
FORT LAUDERDALE, FL 33301

SUBJECT: PARADISE OM MANAGEMENT, INC.  
Ref. Number: W14000039959

We have received your document for PARADISE OM MANAGEMENT, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00013963

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**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** PARADISE OM MANAGEMENT, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

CHARLES S. DALE

Contact Person

CHARLES S. DALE, P.A.

Firm/Company

414 NE 4 STREET

Address

FORT LAUDERDALE, FL 33301

City, State and Zip Code

CDALE@LAWYERDALE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES S. DALE at ( 954 ) 462-7472

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  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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. 607.1115, Florida Statutes.

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

**PARADISE OM MANAGEMENT, LLC** (C09-62650)

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 **FLORIDA**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **06/29/2009** ✓  
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:**

**PARADISE OM MANAGEMENT, INC.**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **DATE OF FILING**  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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TALLAHASSEE, FLORIDA

Signed this 8 day of ~~JUNE~~ July, 2014.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer or, if Directors or Officers have not been selected, an Incorporator: Charles S. Dale

Printed Name: Charles S. Dale Title: Incorporator  
*m. D. Prathe* *MURTI THADHANI SECRETARY*

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

Signature: *Chack*  
Printed Name: GAUTAM THADHANI Title: MANAGER

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:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION**  
**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**    PARADISE OM MANAGEMENT, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

414 NE 4 STREET  
FORT LAUDERDALE, FL 33301

SAME

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
OWNERSHIP AND MANAGEMENT OF REAL PROPERTY AND ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV    SHARES**    1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SHEILA THADHANI, PRES  
Address: 5001 FINCH AVE. EAST #305  
SCARBOROUGH ONTARIO M1S 5J9

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: MURLI THADHANI, S-T  
Address: 5001 FINCH AVE. EAST #305  
SCARBOROUGH ONTARIO M1S 5J9

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Name: CHARLES S. DALE  
Address: 414 NE 4 STREET  
FORT LAUDERDALE, FL 33301

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CHARLES S. DALE  
Address: 414 NE 4 STREET  
FORT LAUDERDALE, FL 33301


\*\*\*\*\*

*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/Registered Agent

6-23-2014  
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/Incorporator

6-23-2014  
Date

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