# PKOWOKO

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

Office Use Only



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FILING CANCELLED RETURNED CHECK

SEGRETARY OF STATE
TAIL AHABSEE FLORIDA

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#### **COVER LETTER**

TO: Charter Section Division of Corporations				
SUBJECT: Orlando Villas, 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 \$607.1115, F.S.				
Please return all correspondence concerning this matter to:				
Sarat Sabharwal				
Contact Person				
Orlando Villas				
Firm/Company				
127 W Fairbanks Ave # 239				
Address				
Winter Park, FL 32789				
City, State and Zip Code				
ssabh@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sarat Sabharwal at (321 )247-0004				
Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$105.00 Filing Fees and Certificate of Status  \$\begin{array}{c} \\$\\$113.75 Filing Fees and Certified Copy Status  \$\begin{array}{c} \\$\\$113.75 Filing Fees and Certified Copy Status  \$\begin{array}{c} \\$\\$113.75 Filing Fees and Certified Copy Status  \$\begin{array}{c} \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$				
STREET ADDRESS: MAILING ADDRESS:				
New Filings SectionNew Filings SectionDivision of CorporationsDivision of Corporations				
Clifton Building P. O. Box 6327				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

#### FILING CANCELLED RETURNED CHECK

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
 Orlando Villas LLC

Orlando Villas 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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/8/2014
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 the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Orlando Villas, Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

Signed this Janday of 20	, 20 <u>15</u> .
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, C	
been selected, an Incorporator	
Printed Name: Sarat SabharwalTitle:	Chairman
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	•
Signature:	
Signature:	Tial . Chairman
Printed Name: Sarat Sabharwal	Title: Chaiman
Signature:	
Printed Name:	Title:
<del></del>	
Signature:Printed Name:	
Printed Name:	_ Title:
Signatura	
Signature:Printed Name:	Title
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Signature:	
Printed Name:	Title:
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Signature: Printed Name:	great .
Printed Name:	1 itie:
If Florida General Partnership or Limited Liabilit	v Partnershin:
Signature of one General Partner.	<u> </u>
-	
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Representative	FILING CANCELLED
	RETURNED CHECK
All others:	RETURNED CHECK
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)

## FILING CANCELLED RETURNED CHECK

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

ARTICLE I NAME The name of the corporation shall be: Orlando Villas, Inc				
ARTICLE	II PRINCIPAL OFFICE			
The principa	al place of business/mailing address is:			
	Principal street address	Mailing address, if different is:		
127 W	Fairbanks Ave # 239			
Winter	Park, FL 32789			
ARTICLE The purpos Real E	e for which the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·		
ARTICLE	r of shares of stock is: 100  V INITIAL OFFICERS AND/OR DIR  Title: Sarat Sabharwal, Chairman			
	127 W Fairbanks Ave # 239	Name and Title:		
Address:	Winter Park, FL 32789	Address:		
Name and	Title:	Name and Title:		
Address:		Address:		
Name and Address:		Name and Title:  Address:		
, tau 1033.		/ Your Coo.		
	EVI REGISTERED AGENT  and Florida street address (P.O. Box NOT acce  Sarat Sabharwal	ptable) of the registered agent is:		
Name:	127 W Fairbanks Ave # 239			
Address:				
	Winter Park El 32789			

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Sarat Sabharwal

Address:

127 W Fairbanks Ave # 239

Winter Park, FL 32789

### FILING CANCELLED RETURNED CHECK

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

Jan 20, 2015

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

Jan 20, 2015

Date

SEGRETARY OF STATE