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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

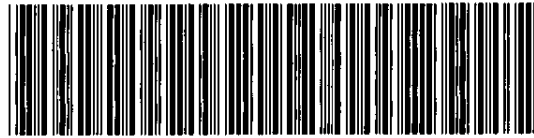
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DEPARTMENT OF STATE
OFFICE OF ASSISTANT ATTORNEY GENERAL

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED

15 DEC 10 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MAHALAKSHMI 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:

ASIT PATEL
Contact Person

MAHALASHMI LLC
Firm/Company

2149 GAME BIRD CT.
Address

TALLAHASSEE, FLORIDA 32311
City, State and Zip Code

parkwayfood@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASIT PATEL at (850) 345 1837
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

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:

MAHALAKSHMI LLC.
Enter Name of Other Business Entity

2. The "Other Business Entity" is a ^{A.P.} MAHALAKSHMI INC. 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 07/01/2015
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:

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

MAHALAKSHMI INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/01/2015

(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.)

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.

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 7th day of DECEMBER, 2015.

Required Signature for Florida Profit Corporation:

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

Incorporator: Asit Patel

Printed Name: ROHINI A. PATEL Title: PRESIDENT.

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

Signature: Asit Patel

Printed Name: ASIT PATEL Title: SECRETARY

Signature: _____

Printed Name: ROHINI PATEL Title: MGMR

Signature: Ropatel

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 10 PM 12:18

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AND
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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: MAHALAKSHMI INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
32563 - BLUE STAR HWY
MIDWAY, FLORIDA - 32343

Mailing address, if different is:
2149 GAME BIRD CT.
TALLAHASSEE, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE (GAS/STATION/CONVENIENCE STORE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROHINI ASIT PATEL - PRESIDENT Name and Title: _____

Address: 2149 GAME BIRD CT Address: _____

TALLAHASSEE, FL 32311

Name and Title: ASIT PATEL - SECRETARY Name and Title: _____

Address: 2149 GAME BIRD CT. Address: _____

TALLAHASSEE, FL 32311

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: ASIT PATEL
Address: 2149 GAME BIRD CT.
TALLAHASSEE FLORIDA 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RONINI ASIT PATEL
Address: 2149 GAME BIRD CT.
TALLAHASSEE, FL 32311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 10 PM 12:18


APPROVED
AND
FILED

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

12/02/2015
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

12/02/2015
Date