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(Red	questor's Name)	
(Ādd	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to F	Filing Officer:	
RECEIV	ZED MAR 1	4 REC'D

Office Use Only



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COVER LETTER

TO: Charter Section Division of Co					
AA	DISAUD, Inc				
SUBJECT:	· 1.1.	Resulting Florida	Profit	Corneration	
	Name of	Resulting Pioriua	Hom	Corporation	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "C 15, F.S.	Other Business
Please return all corres	pondence concerning this	s matter to:			
Narendra Saud					
	Contact Person				
AADISAUD, Inc					
-	Firm/Company				
2045 5th Street					
	Address				
Sarasota, FL 34237					
	City, State and Zip Cod	e			
Barbara@wright-tax.con	1				
E-mail address: (to be used for future annu	ual report notificat	ion)		
For further information	concerning this matter,	please call:			
Narendra Saud		941	35	0-2057	
Name of C	ontact Person	_ \	de 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 and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:				ING ADDRESS:	
New Filings Section Division of Corporatio	ns			ilings Section on of Corporations	
Clifton Building		1	P. O. E	30x 6327	
2661 Executive Center	Circle		i allaha	issee, FL 32314	

Tallahassee, FL 32301

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

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.

1. The name of the "Other Business E	ntity" immediately prior to the filing of this Certificate of Con	version	95	
AADISAUD, LLC•			HAR 14	4
	Enter Name of Other Business Entity	S 4	=	1
2. The "Other Business Entity" is a	limited liability company		7	
(Enter entity ty	pe. Example: limited liability company, limited partnership, rship, common law or business trust, etc.)	FLOR	2: 52	
first organized, formed or incorporated	Florida	STATE OF THE PERSON OF THE PER	2	
	state, or if a non-U.S. entity, the name of the country)			
May 17, 2013				
	r Business Entity" was first organized, formed or incorporated			
3. If the jurisdiction of the "Other Bus organized, formed or incorporated:	iness Entity" was changed, the state or country under the laws	of whic	h it is	now
4. The name of the Florida Profit Corp	poration as set forth in the attached Articles of Incorporation	<u>ı:</u>		
AADISAU	JD, 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 pri Department of State; <u>AND</u> 2) must be if an effective date is listed therein.)	or to nor more than 90 days after the date this document is the same as the effective date listed in the attached Artic does not meet the applicable statutory filing requirements, thi	les of In	corpo	ration,
listed as the document's effective date				

Signed	this day of March	, 20	
Requi	red Signature for Florida Profit Corporation:		
Signate Incorpe Printec	ure of Chairman, Vice Chairman, Director, Offic orator:	eer, or, if Directors or Officers have not beer	n selected, an 16 HAR
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)).] Sec.
Signat	ure:		ALKE OF STATE ASSEEL FLORID
Printec	Name:	Title:	2: 52 SIAJE LORHO
Signat	I Name:Narendra Saud	3-8-016	Ø∰ N
	1 Name:		
Signati	ure:		
Printec	Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
Signati	ure:		
Printec	Name:	Title:	
Signati	ure:		
Printec	l Name:	Title:	
	rida General Partnership or Limited Liability are of one General Partner.	Partnership:	
	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	Limited Partnership:	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All oth Signati	ners: ure of an authorized person.		
Fees:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

ARTICLE	II PRINCIPAL OFFICE		
	place of business/mailing address is:	عبو يُنفِ	5
		Mailing address, if different is:	HAR
	Principal street address	ivianing address, if different is a second	**
2045 5th Stree	et .		ŧ.
G FI	2.4025	4.	3
Sarasota, FL	34231		Ÿ
ARTICLE I	III PURPOSE		2: 52
	for which the corporation is organized is	:	
Any and all l	lawful business		
		•	
		•	
	TV SHARES 1,000		
	IV SHARES of shares of stock is:		
The number of			
The number of ARTICLE	of shares of stock is: V INITIAL OFFICERS AND/OR I Narendra Saud, President	DIRECTORS	
The number of ARTICLE Name and Ti	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: Narendra Saud, President	DIRECTORS Name and Title:	
The number of ARTICLE	of shares of stock is: V INITIAL OFFICERS AND/OR I Narendra Saud, President	DIRECTORS	
The number of ARTICLE Name and Ti	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: Narendra Saud, President	DIRECTORS Name and Title:	
ARTICLE Name and Ti Address:	V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237	DIRECTORS Name and Title: Address:	
ARTICLE Name and Ti Address:	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: 2045 5th Street	DIRECTORS Name and Title: Address:	
The number of ARTICLE Name and Ti Address: Name and Ti	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237 itle:	DIRECTORS Name and Title: Address: Name and Title:	
ARTICLE Name and Ti Address:	V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237	DIRECTORS Name and Title: Address: Name and Title:	
The number of ARTICLE Name and Ti Address: Name and Ti	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237 itle:	DIRECTORS Name and Title: Address: Name and Title: Address:	
The number of ARTICLE Name and Ti Address: Name and Ti Address:	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237	DIRECTORS Name and Title: Address: Name and Title: Address:	
The number of ARTICLE Name and Ti Address: Name and Ti Address:	of shares of stock is: V INITIAL OFFICERS AND/OR I itle: 2045 5th Street Sarasota, FL 34237	DIRECTORS Name and Title: Address: Name and Title: Address:	

<u>ARTICL</u>	<u>E VI REGISTERED AGENT</u>	
The <u>name</u>	and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name:	Narendra Saud	
Address:	2045 5th Street	_
	Sarasota, FL 34237	
<u>ARTICL</u>	E VII INCORPORATOR	- SWA FLORE
The <u>name</u>	and address of the Incorporator is:	
Name:	Narendra Saud	
Address:	2045 5th Street	
	Sarasota, FL 34237	
******* Having he	**************************************	******* ervice of process for the above stated corporation at the place designated in
		pointment as registered agent and agree to act in this capacity
-	Asaud	
	Required Signature/Registered Agent	Date
		tted herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.
	Jane -	03-08-16
	Required Signature/Incorporator	Date