P1700004717

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special matructions to	r illing Officer.	





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17 JAN 17 AH II: LO SECRLIARY OF STATE ALLAMASSEE FICEDIO

x 01/19/17

COVER LETTER

TO: Charter Section Division of Cor	porations				
SUBJECT: Sudha Trave	els, Inc				
SUBSECT.	Name of I	Resulting Flor	ida Profit (Corporation	
The enclosed Certificate Entity" into a "Florida I	e of Conversion, Articles Profit Corporation" in acc	of Incorporat	ion, and fe s. 607.111	res are submitted to convert an "C 5, F.S.	ther Business
Please return all corresp	oondence concerning this	matter to:			
Kumar Uday					
	Contact Person				
	71 (2				
	Firm/Company				
9720 English Pine Ct					
	Address				
Windermere, FL 34786					
	City, State and Zip Code	2			
Kumaruday@me.com					
E-mail address: (t	o be used for future annu	ial report noti	fication)		
	concerning this matter,				
Kumar Uday		_at ()		
Name of C	ontact Person	Are	a 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 F and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporatio Clifton Building 2661 Executive Center	ns		New F Division P. O. I	ING ADDRESS: Cilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

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.

Page 1 of 2

17 JAN 17 AM II: 10

12 Jan	17			
Signed this day of	, 20			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director Office Incorporator: Kumar Uday Printed Name: Kumar Uday Title: Vice-Pr	er, or, if Directors or Officers have not beer esident	selecte	d, an	
Required Signature(s) on behalf of Other Business I).]		
Signature: \(\lambda \alpha \sqrt{\lambda} \)	<u> </u>			
Printed Name: Kumar Uday	Title: Vice-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 Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		SE/S: TALL A	17 J	
All others: Signature of an authorized person.		立が行き	JAN 17 AH11:10	
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)	STATE FLORIDA	411:10	

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

	In cor	npliance with Chapter	607 and/or Cha		₽ ₽₽ ₹
ARTICLE I The name of the	<i>NAME</i> e corporation shall b	Sudha Travels, Inc			
	PRINCIPAL lace of business/mai	<u>OFFICE</u>			A B
9720 English Pi	Principal street ac	idress		Mailing address, if different	ent is: DATE
Windermere, FI	_ 34786				
	T PURPOSE or which the corpora	ation is organized is:			
ARTICLE IV	 	200 shares no par value			
ARTICLE V	 -	CERS AND/OR DIR	<u>ECTORS</u>		
Name and Titl		<u> </u>	Name and Tit	-	
Address:	9720 English Pine (Address:	9720 English Pine Ct	
	Windermere, FL 34	786		Windermer, FL 34786	
Name and Title	e:		Name and Tit	le:	
Address:			Address:		· <u> </u>
Name and Titl	e:		Name and Tit	le:	
Address:			Address:		

	EVI REGISTERED AGENT	OM	Zo
i ne <u>name</u> Name:	and Florida street address (P.O. Box NO Kumar Uday	OT acceptable) of the registered agent is:	EGRAL TAN
Address:	9720 English Pine Ct		25 T
	Windermere, FL 34786	_	Ter Ar
ARTICL		_	: 10
The <u>name</u> Name:	e and address of the Incorporator is: Kumar Uday		
Address:	9720 English Pine Ct		
	Windermere, FL 34786		
******* Having be this certifi	icate, I am familiar with and accept the ap	**************************************	the place designated in is capacity
	Required Signature/Registered Agent	Date	\
I submit t document	his document and affirm that the facts sta to the Department of State constitutes a t	ated herein are true. I am aware that any false info hird degree felony as provided for in s.817.155, F.S.	rmation submitted in a
	Mes & v	01/12/	2017
	Required Signature/Incorporator	Date	\