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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
 -		
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
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Certified Copies	Certificates	of Status
Certified Copies	Certificates	o or Status
		1
Special Instructions to F	iling Officer:	

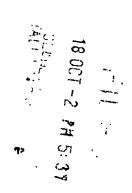
Office Use Only

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COVER LETTER

TO: Charter Section Division of Cor								
SUBJECT: NARAN	G PLAZA POMPANO	D. INC.						
<u> </u>				a Profit	Corporation			
	e of Conversion, Articles Profit Corporation" in ac				ees are submitted to conver	t an "Oth	er Busi	ines
Please return all corresp	ondence concerning this	s matter	to:					
	KAMAL NARANG			_				
	Contact Person							
narang f	PLAZA POMPANO LI	LC						
	Firm/Company							
	PO BOX 85087							
	Address	•		_		1 2 ™ Z		
HAL	LANDLE, FL 33008						& OCT	. 1
	City, State and Zip Code	2		_			T - 2	
NAR	ANG66@GMAIL.COI	M					7	i
E-mail address: (t	o be used for future annu	ial repo	rt notific	ation)		Ф		~
For further information	concerning this matter,	please c	all:			7	5: 39	
KAMALNA	RANG	at (305) 974	4-0600			
Name of Co	ontact Person		Area (Code and	Daytime Telephone Num	ber		
Enclosed is a check for	the following amount:							
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status		3.75 Filir ertified C	_	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301				New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assec, FL 32314			

Certificate of Conversion For "Other Rusiness Entity"

"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	Conver	sion is	S:
NARANG PLAZA POMPANO LLC			
Enter Name of Other Business Entity	·		
The "Other Business Entity" is aLIMITED LIABILITY COMPANY (Enter entity type. Example: limited liability company, limited partnersl general partnership, common law or business trust, etc.)	_ 1ip,		
first organized, formed or incorporated under the laws ofFLORIDA	_		
on 04/21/2017			
Enter date "Other Business Entity" was first organized, formed or incorpo	 rated		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the organized, formed or incorporated:	laws of	which	it is now
N/A			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorpor	ation:		
NARANG PLAZA POMPANO, INC.	<u>_</u> .		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: 09/01/2018 (The effective date: Cannot be prior to nor more than 90 days after the date this documen Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirement listed as the document's effective date on the Department of State's records.			
Page 1 of 2	Sage	18 0CT -2 PF	1-;- 27
	U F	元 公	•

Signed this 27th day of Septem	JEG , 20 18		
Required Signature for Florida Profit Corporation	<u>:</u>		
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: 4 May 1999 Printed Name: KAMAL NARANG Title: F	icer, or, if Directors or Officers have not be	en selec	eted, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature	(s).]	
Signature: KAMAL NARANG KAMAL NARANG		_	
Printed Name: KAMAL NARANG	Title:MGR		
Signature:		_	
Printed Name:	Title:		
Signature:		_	
Printed Name:			
Signature:		_	
Printed Name:		_	
Signature:		_	
Printed Name:	Title:	_	
Signature:		_	
Printed Name:	Title:	_	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	S.C.	1.00 1.00
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	10 mm	0CT -2
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			S H
All others: Signature of an authorized person.		•	بر) 9*
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 I NAME The name of the corporation shall be: NARANG PLA	AZA POMPANO, INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 6754 PINES BLVD	Mailing address, if different is: PO BOX 85087
PEMBROKE PINES, FL 33024	HALLANDALE, FL 33008
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFILL BUSINESS	
ANY AND ALL LAWFUL BUSINESS	
 	
.,	
	— · · · · · · · · · · · · · · · · ·
ARTICLE IV SHARES The number of shares of stock is: 000	2
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS C.
Name and Title: KAMAL NARANG, PRESIDENT	Name and Title:
Address: 6754 PINES BLVD	Address:
PEMBROKE PINES, FL 33024	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

The name	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	KAMAL NARANG	-
Address:	6754 PINES BLVD	-
	PEMBROKE PINES, FL 33024	_
ARTICLE The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	KAMAI. NARANG	
Address:	6754 PINES BLVD	
	PEMBROKE PINES, FL 33024	
		******** rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	Lang Marang	9/27/18
Ţ	Required Signature/Registered Agent	Date
		ted herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
K	ang Maring	69/27/18
,	Required Signature/Incorporator	Date

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