00038655

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20000000 2710)
(5
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
File 184
rile 1
<u></u>

Office Use Only



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19 HAY -9 PM 2: 4

DIVISION OF CONCRATIONS TALLAHASSIE, FLORIDA 19 MAY -9 PH 1: 38

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 05	/09/2019		
Name:		·	
	1080199		
		REDDY GP, INC	·
✓ Articles o ✓ Amendment	f Incorporation/Author	ization to Transact I	Business
Change o			
Reinstate	ment		File First
✓ Conversion	on		
☐ Merger			
☐ Dissolutio	on/Withdrawal		
Fictitious	Name		
Other			
Authorized Amo	unt: <u>\$105</u>		
Signature:	uw		

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/09/2019	
Name:_	Merritt Walker	
Referen	rice #:1080199	
	ame: _	REDDY GP, INC.
	articles of Incorporation/Author	
	Amendment	
	Change of Agent	
☐ F	Reinstatement	File First
V	Conversion	
N	Merger	
	Dissolution/Withdrawal	
□ F	ictitious Name	
	Other	
Authoriz	zed Amount:\$105	
Signatu	re:	

F: •852.2682.9790

COVER LETTER

Division of Co					
SUBJECT: Reddy G	P, Inc.				
Subject:	Name of	Resulting	Florida Profit (Corporation	
The enclosed Certifica Entity" into a "Florida	ite of Conversion, Articles Profit Corporation" in ac	of Incorp	ooration, and fewith s. 607.111	es are submitted to convert an "C.5, F.S.	Other Business
Please return all corre	spondence concerning this	matter to	:		
Maria Kenigsberg					
	Contact Person				
Chuhak & Teeson, P.C					
	Firm/Company				
30 S. Wacker Dr., Suit	e 2600				
	Address				
Chicago, Illinois 6060	06				
	City, State and Zip Code	2			
mkenigsberg@chuhak	.com				
E-mail address:	(to be used for future annu	ual report	notification)		
For further information	on concerning this matter,	please cal	1:		
Maria Kenigsberg		at (312)855-5	5442	
Name of 0	Contact Person		Area Code and	Daytime Telephone Number	
Enclosed is a check for	or the following amount:				
□ \$105.00 Filing Fee	s = \$113.75 Filing Fees and Certificate of Status		75 Filing Fees tified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS New Filings Section Division of Corporati Clifton Building 2661 Executive Center	ons		New F Divisi P. O. I	ING ADDRESS: Cilings Section on of Corporations Box 6327 assec. 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Reddy GP, Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Corporation
(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 [Hinois Illinois Capture of the country]
(Enter state, or if a non-U.S. entity, the name of the country)
January 11, 2017
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:
Reddy GP, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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.

Page 1 of 2

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Signed this	6 RG	day of	M	W-		, 20 ¹⁹	<u>_</u> .		
Required Signa				•					
Signature of Cha Incorporator: Printed Name: S	airman, Sileo Sreeram I	Vice Chair Zame C. Reddy	man, Direc Oddy Title	tor, Office	r, or, if Directors	or Officers ha	ve not been	n selected, a	au)
Required Signa	ature(s)	on behalf	of Other B	lusiness Er	itity: [See belov	w for required:	signature(s).]	
Signature:	Tree:	me	Joddy	- -,					
Printed Name:_	Sreeram 1	K. Reddy			Title: President				
Printed Name:_					Title:				
Signature:									
Printed Name:_					Title:				
Signature:									
Printed Name:_					Title:				
Signature:						<u> </u>			
Printed Name:_			·		Title:				
Signature:									
Printed Name:_		· · · · · · · · · · · · · · · · · · ·	- 		Title:				
<u>If Florida Gene</u> Signature of one	eral <u>Par</u> e Genera	tnership o I Partner.	r Limited	<u>Liability P</u>	artnership:				
If Florida Limi Signatures of <u>Al</u>				Liability L	imited Partners	ship:			
If Florida Limi Signature of a M				entative.				: * ::*-	<i>:</i> .

Page 2 of 2

\$70.00 \$8.75 (Optional) \$8.75 (Optional)

\$35.00

All others:
Signature of an authorized person.

Certified Copy: Certificate of Status:

Certificate of Conversion:

Fees for Florida Articles of Incorporation:

Fees:

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

ARTICLE II	PRINCIPAL OFFICE				
The principal p	place of business/mailing address is:				
	Principal street address		Mailing address, if differen	ent is:	
1135 Shipwatch	h Circle	same			
Tampa, Florida	33602				
	I PURPOSE for which the corporation is organized in of any or all lawful businesses for which		propaged under the Florida		
Business Corpo				·	_
	oranio i roc.				
				<u> </u>	
					_
					_
					_
				1	<u> </u>
ARTICLE IV					_
The number of	shares of stock is:				_
The number of	shares of stock is: 10,000 / INITIAL OFFICERS AND/OR Special K. Reddy, President		Srecram K. Reddy, Secret	tary & Treasu	rei
The number of ARTICLE V Name and Tit	shares of stock is: 10,000 / INITIAL OFFICERS AND/OR Special K. Reddy, President	DIRECTORS Name and Title	Sreeram K. Reddy, Secrete:	iary & Treasu	rer
The number of ARTICLE V Name and Tit	r shares of stock is: 10,000 INITIAL OFFICERS AND/OR Sreeram K. Reddy, President	Name and Title	e:	tary & Treasu	
The number of ARTICLE V Name and Titl Address:	Initial officers and/or Initial officers and/or Sreeram K. Reddy, President 1135 Shipwatch Circle Tampa, Florida 33602 Sreeram K. Reddy, Director	Name and Title Address:	1135 Shipwatch Circle Tampa, Florida 33602	tary & Treasu	
	Initial officers and/or Initial officers and/or Sreeram K. Reddy, President 1135 Shipwatch Circle Tampa, Florida 33602 Sreeram K. Reddy, Director	Name and Title Address:	1135 Shipwatch Circle	tary & Treasur	19 MAY 9
The number of ARTICLE V Name and Title Address: Name and Title	T shares of stock is: 7 INITIAL OFFICERS AND/OR Sreeram K. Reddy, President 1135 Shipwatch Circle Tampa, Florida 33602 Sreeram K. Reddy, Director ie:	Name and Title Address: Name and Title	1135 Shipwatch Circle Tampa, Florida 33602	tary & Treasur	1 119 MAY T
The number of ARTICLE V Name and Titl Address: Name and Titl Address:	INITIAL OFFICERS AND/OR Sreeram K. Reddy, President 1135 Shipwatch Circle Tampa, Florida 33602 Sreeram K. Reddy, Director 1135 Shipwatch Circle	Name and Title Address: Name and Title Address: Address:	1135 Shipwatch Circle Tampa, Florida 33602	Treasure &	19 MAY 9

コニアコ

The name and Florida street address (P.O. Box NOT accept Name: Sreeram K. Reddy 1135 Shipwatch Circle Address: Tampa, Florida 33602 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Sreeram K. Reddy 1135 Shipwatch Circle Address: Tampa, Florida 33602 ***********************************	
Address: Tampa, Florida 33602 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Sreeram K. Reddy 1135 Shipwatch Circle Address: Tampa, Florida 33602 ***********************************	able) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Sreeram K. Reddy 1135 Shipwatch Circle Tampa, Florida 33602 ***********************************	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Sreeram K. Reddy 1135 Shipwatch Circle Tampa, Florida 33602 Having been named us registered agent to accept service of this certificate, I am familiar with and accept the appointment of the composition of the composition of the certificate of the certifi	
The name and address of the incorporator is: Name: Sreeram K. Reddy 1135 Shipwatch Circle Tampa, Florida 33602 ***********************************	
Name: Address: 1135 Shipwatch Circle Tampa, Florida 33602 ***********************************	
Address: Tampa, Florida 33602 ***********************************	
Tampa, Florida 33602 ***********************************	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment of the appointment of the accept the appointment of the accept the appointment of the accept the appointment accept the appointment accept the accept the appointment accept the acceptance accept the acceptance accepta	
Required Signature/Registered Agent I submit this document and affirm that the facts stated here.	
Required Signature/Registered Agent I submit this document and affirm that the facts stated here.	
Required Signature/Registered Agent I submit this document and affirm that the facts stated here.	*******
Required Signature/Registered Agent I submit this document and affirm that the facts stated here.	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
Required Signature/Registered Agent I submit this document and affirm that the facts stated here.	May (Sal
I submit this document and affirm that the facts stated here	May 6, 7010 Date
document to the Department of State constitutes a third degr	n are true. I am aware that any false information submitted in a ee felony as provided for in s.817.155, F.S.
Scern Meddy Required Signature/Incorporator	May 6, 2,19

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