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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2020

YOGESH KORADIYA 11667 OAKWOOD PRESERVE PL FT MYERS, FL 33913

SUBJECT: SHREE YOGIK, INC Ref. Number: W20000124830 Please See Encolosed (herk

We have received your document for SHREE YOGIK, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document but there was no check inclded with the document. Please return the document with a check for the appropriate filing fees so that our office can file your request.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
Letter Number: 720A00021468

720A00021468

COVER LETTER

		00.131123	, D.				
TO: New Filing Se Division of Co							
	=	NIC					
SUBJECT:	EE YOGIK I	Resulting Floric	la Profit	Cornertion	_		
h	5			b	7		
The enclosed A ficles entity into a "Fiorida I	of Conversion, Articles Profit Cor, ration in ac	of Incorporation, cordance with ss.	and fees 607.119	s are suffitted to converge 33 & 607.0202; F.S.	the follow	wing eli	gibl
Please return all corres	spondence concerning th	is matter to:					
YOGESH	KORADIYA						
	Contact Person		_				
SHREE YO	OGIK INC						
	Firm/Company		_				
11667 OAKV	NOOD PRES	ERVE PL	,		···! i,	2021	
	Address		_		(T) - 1 (2) - 1	2020 NOV 18	-
FORT MYE	RS, FL 339	13			274. 63 7354	00	!
	City, State and Zip Cod	le	_		1,17	70 540	;
	1@gmail.com						
E-mail address: (to be used for future ann	ual report notific	ation)			ယ	
For further information	n concerning this matter,	please call:					
Yogesh Kor	radiva	at (330	.423	3-2230			
	ontact Person	_ \	_/	Daytime Telephone Nu	– mber		
Enclosed is a check for	the following amount:			, ,			
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filinand Certified C	-	≡\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Add	ress:		Street	Address:			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion

For

Converting Eligible Entity

Into

Florida Profit Corporation

The Ar ales of Conversion and attached Articles of Incorporation a submitted to convert the following eligible business entity into a 1 orida Profit Corporation in accordance with ss. 607.11933 2 507.0202, Florida Statutes.

Enter Name of the Converting Entity	_ ·	
2. The converting entity is a 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 June 23, 2020	2020 KIN 18	دها دوع
Enter date "Converting Entity" was first organized, formed or incorporated. 3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation SHREE YOGIK INC	PK 12	; ;
Enter Name of Florida Profit Corporation		
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	id the laws of its	
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 Department of State.)	filed by the Flor	rida

L20001744114

Signed this 6th day of July			
Required Signature for Florida Profit Corporation			
Signature of Director, Officer, or, if Directors or Office	·		
Printed Name: Ogesh Koradiya Title: Pre	esident "		
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	ida partnerships, limited partnerships, an	d limited liabili	<u>ty</u>
Signature: Yogesh Koradiya	Title: MGR		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:	26	
Signature:		2028 ***	
Printed Name:		• • •	6 17 1943 P
Signature:			Y* Y 1
Printed Name:	Title:	<u> </u>	
Signature:		,''' ω	
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.			
All others: Signature of an authorized person.			
Fees: Articles of Conversion:	\$35.00		

\$70.00

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

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: SHREE YOGK INC ARTICLE I NAME ARTICL' - I PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 11667 Oakwood Preserve PL Fort Myers, FL 33913 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Yogesh Koradiya, PVST Name and Title: 11667 Oakwood Preserve Pl Address: Address: Fort Myers, FL 33913 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 NOT acce	ptable) of the registered agent is:	
Name:	Yogesh Koradiya		
Ad Iress:	11667 Oakwood Preserve I'l		
7	Fort Myers, FL 3391	7	ā
	_		
Having be	en named as registered agent to accept service of	******* for the above stated corpo	*** ration at the place designated in
this certifi	cate, I am familiar with and accept the appointme	nt as registered agent and agree to	act in this capacity
•	Required Signature/Registered Agent	Date	
ار			

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ARTICLE VI REGISTERED AGENT