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(Requ	uestor's Name)
(Addr	ress)
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(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Doc)	ument Number)
(5004)	ament Number)
Certified Copies	Certificates of Status
• ——	
Special Instructions to Fi	ling Officer
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	,
	Received April 12th
	April 12th

Office Use Only



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03/21/22--01032--012 **105.00

22 APR 12 AM 9: DI SECRETARY OF STATE ALLAHASSFF OF STATE

S. CHATHAM

APR 19 2022



April 8, 2022

CHARLENE ANDERSON 9019 EDENSHIRE CIR ORLANDO, FL 32836 US

SUBJECT: CHANDRA HOLDINGS INC

Ref. Number: W22000047087

We have received your document for and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Summer Chatham Regulatory Specialist II New Filing Section

> SECR TALL A

Letter Number: 922A00008242

MPR 12 # 9: UI
CREINRY OF STATE

COVER LETTER

TO: New Filing Sec Division of Cor					
	dra Holdings	s Inc.			
SUBJECT:		Resulting Florida Profit	Corporation	_	
	f Conversion, Articles or ofit Corporation" in according		are submitted to convert 33 & 607.0202, F.S.	the following	eligible
Please return all corresp	ondence concerning this	s matter to:			
Charlene Aı	nderson				
	Contact Person				
Chandra Ho	oldings Inc.				
	Firm/Company				
9019 Edens	shire Cir,				
	Address			=	
Orlando, FL	32836			22 APR 12 SECRETARY ALLAHASSE	11
	City, State and Zip Code	;		R I Z	
	dings@yaho				ित
E-mail address: (to	o be used for future annu	ial report notification)		AH 9: 01 OF STAIL E. H. OGOL	
For further information	concerning this matter, [olease call:			
Charlene Ar	nderson	$_{\rm at}(302)32$	5-0144		
Name of Co	ontact Person		Daytime Telephone Nur	mber	
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		

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

Street Address: 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 Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
CHANDRA HOLDINGS LLC
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)
(Enter state, or if a non-U.S. entity, the name of the country)
on AUGUST 5, 2020
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : CHANDRA HOLDINGS INC.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 01/01/2022
(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



Signed this 12	day of APRIL	20		
Required Signature	for Florida Profit Corporatio	on:		
Signature of Director		icers have not been selected, an Incorporator:	:	
Printed Name: Cha	rlene Anderson Title: Inc	corporator		
companies: [See bel	low for required signature(s).	orida partnerships, limited partnerships, a	,	<u>lity</u>
Printed Name: Cha	arlene Anderson	Title: Member	_	
Signature:		Title: Member	_	
Printed Name: And	Íre Anderson	_{Title:} Member	_	
Signature:			_	
Printed Name:		Title:	-	
Signature:			_	
Printed Name:		Title:	_	
Signature:			_	
Printed Name:		Title:	- -	
Signature:			_	
Printed Name:		Title:	-	
If Florida General F Signature of one Gen	<mark>Partnership or Limited Liabil</mark> ieral Partner.	ity Partnership:	2; FAL	
If Florida Limited F Signatures of ALL G	Partnership or Limited Liabili General Partners.	ity Limited Partnership:	22 APR 12 SEGRETARY ALL AHASSE	7=
If Florida Limited 1 Signature of a Memb	<u> </u>	e.		
All others: Signature of an author	orized person.		AH 9: UT	ت

Fees:

Articles of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy: Certificate of Status:

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

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

TICLE II DDINCL			
	<u>PAL OFFICE</u> rincipal <u>street</u> address	:	Mailing address, if different is:
19 EDENSHIRE CIRC	CLE		1.a
RLANDO, FL 32836			
TICLE III PURPOS purpose for which the	SE corporation is organized is:		
ANY AND ALL I	PURPOSES FOR WHICH A CORPORA	TION MAY BE C	DRGANIZED
TICLE IV SHARES number of shares of st			
mumber of shares of se	ock is.		
TICLE V INITIAL	APPEARING AND ADDITIONS		
	OFFICERS AND/OR DIRECTORS		
Name and Title:		_ Name and Title:	CHARLENE ANDERSON, VICE PRESIDENT AND SECRETARY
	ANDRE ANDERSON, PRESIDENT	_	PRESIDENT AND SECRETARY
Name and Title:_ Address	ANDRE ANDERSON, PRESIDENT	_ Name and Title: _ Address:	
	ANDRE ANDERSON, PRESIDENT	_	PRESIDENT AND SECRETARY
	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	_	PRESIDENT AND SECRETARY
Address _	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: 	PRESIDENT AND SECRETARY
Address _	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title:	PRESIDENT AND SECRETARY
Address	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address:	PRESIDENT AND SECRETARY
Address	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address:	PRESIDENT AND SECRETARY
Address	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address:	PRESIDENT AND SECRETARY
Address Name and Title:_ Address -	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address:	PRESIDENT AND SECRETARY SECRETARY ALLAY
Address Name and Title:_ Address Name and Title:_	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address: Address: Name and Title:	PRESIDENT AND SECRETARY SECRETARY ALLAY
Address Name and Title:_ Address Name and Title:_	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address: Name and Title: Name and Title: Address:	PRESIDENT AND SECRETARY SECRETARY FALLAHASSER
Address Name and Title:_ Address Name and Title:_	ANDRE ANDERSON, PRESIDENT 9019 EDENSHIRE CIRCLE	Address: Name and Title: Address: Name and Title: Name and Title: Address:	PRESIDENT AND SECRETARY 22 APR 12 SECRETARY IALLAHASSER

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	<u></u>	
	REGISTERED AGENT	
The <u>name and F</u>	Florida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name:	CHARLENE ANDERSON	
Address:	9019 EDENSHIRE CIRCLE.	
	ORLANDO, FL 32836	<u></u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	CHARLENE ANDERSON	
Address:	9019 EDENSHIRE CIRCLE	
	ORLANDO, FL 32836	
Effective date, it	EFFECTIVE DATE: If other than the date of filing: JANUARY 1, 2 date is listed, the date must be specific and contains the	022 (OPTIONAL) annot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ords.
	ned as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity $ - -202-2 $
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein pepartment of State constitutes a third degree f	are true. I am aware that the false information submitted in a $ - $
Required Signati	ure/Incorporator	PLED 22 APR 12 AM 9: UI SECRETARY OF STAIL AND Date