# P22000086233

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: W22 DDD 113297





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#### COVER LETTER

TO:	New Filing Section
	Division of Corporations

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion. Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

AJEET S SODHI
Contact Person
DOCTOR SODHI INC
Firm/Company
340 Saddleworth PI
Address
Lake Mary, Florida 32746
City: State and Zin Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

4 310-7879
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees □ \$113.75 Filing Fees □ \$113.75 Filing Fees ■ \$122.50 Filing Fees.

and Certificate of

Status

and Certified Copy

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 INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

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

RTICLE I	he corporation shall be: DOCTOR	SODHLINC
he name of t	he corporation shall be:	
RTICLE I		
he principal	place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
340 85	addleworth Pl	
_ake N	Mary, Florida 32746	
ARTICLE I	II PURPOSE for which the corporation is organized is:	
Medici	ne	وب.
		100 A
		<del></del>
		95.
ARTICI.E I	V SHARRS 400	
he number o	of shares of stock is:	<u></u>
IRTICLE	V OFFICERS AND/OR DIRECTORS	
Name and Tit	A IEET CODIII	Name and Title:
	340 Saddleworth Pl	
Address:	<del></del>	Address:
	Lake Mary, Florida 32746	
Name and Tit	tle:	Name and Title:
Address:		Address:
1 1 2	.1	
vame and Tit	tle:	Name and Title:
\ddress:		Address:

### **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:
DOCTOR SODHI INC
Enter Name of the Converting Entity
2. The converting entity is a S-Corp
(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 California
(Enter state, of it a non-0.3, entry, the name of the country)
on 09/01/2015
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:  DOCTOR SODHI 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: 10/01/22  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida.
(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.
TALL

Signed t	hisday of	November	. 20 22.	
	d Signature for Florida Profit Cor			
Signatur	e of Director, Officer, or, if Director Apolhe	s or Officers have not l	oeen selected, an Incorpor	ator:
Printed !	Name: AJEET SODH Title	e: PRESI	) ENT	
Require compan	d Signature(s) on behalf of Conver ies: [See below for required signatu	rting Florida partner: rc(s).	ships, limited partnershi	ps, and limited liability
Signatur	re: Afet 50	·		
Printed	Name: AJEST 50	DH(Title:	PRESIDENT	
Signatui	re:			<del></del>
	Name:			
Signatui	renamere:			
Printed	Name	Title,		Manor-8 PAIR: 35
Signatur	re:	<u> </u>		一等等下
Printed	Name	Title:		- 75°57 <b>6</b>
Signatu	re:			
Printed	Name.	Title	<del></del>	
Signatur	re:			
Printed	Name	Title:		
	da General Partnership or Limited re of one General Partner.	l Liability Partnershi	<u>p:</u>	
	da Limited Partnership or Limited res of <u>ALL</u> General Partners.	I Liability Limited Pa	rtnership;	
	da Limited Liability Company: re of a Member or Authorized Repre	sentative		
All othe Signatur	ers: re of an authorized person.			
Fees:		v		
	Articles of Conversion: Fees for Florida Articles of Incorpor Certified Copy:	\$35.00 mtion: \$70,00 \$8.75 (O <sub>j</sub>	otional)	

\$8.75 (Optional)

Certificate of Status:

Name:	Ajeet Soulii	
Address:	340 Saddleworth Place	
	Lake Mary,Florida 32746	- -
*****	**********	*****
_	~ -	rvice of process for the above stated corporation at the place designated in sointment as registered agent and agree to act in this capacity
mas cerug	react, i am jumana. This are accept the apj	variances as registered agent and agree to be in this capacity
	Required Signature/Registered Agent	Date

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ARTICLE VI REGISTERED AGENT

