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(R	equestor's Name)	
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(C	ity/State/Zip/Phone i	<del>(</del> #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name	e)
	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	- CHI OFF	
Special instructions to	Filing Officer.	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: ADI LAKSHM	I INC e of Resulting Florida Profit	Corporation	
The enclosed Articles of Conversion, Article entity into a "Florida Profit Corporation" in	es of Incorporation, and fee	s are submitted to convert the fol	lowing cligible
Please return all correspondence concerning			
ANDRES RODRIGUE Contact Person			
R&P ACCOUNTING & Tirm/Company	TAXES INC		
150 SE 2ND AVE ST	E 404		
MIAMI, FL 33131 City, State and Zip	Code		
AROD8723@GMAIL.  E-mail address: (to be used for future			
For further information concerning this man	Z at (305 )35	8-1310	
Name of Contact Person  Enclosed is a check for the following amou		d Daytime Telephone Number	
■ \$105.00 Filing Fees □\$113.75 Filing Fand Certificate of Status		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	25 JAN 14
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	ARY OF STATE

# 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:
ADI LAKSHMI INC
Enter Name of the Converting Entity
2. The converting 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 NEW YORK  (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 09/14/2016
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> ADI LAKSHMI 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: 01/01/2025
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
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.
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Signed this 22ND day of	OCTOBER	, 2024	
Required Signature for Florida Pro	ofit Corporation:	•	
Signature of Director, Officer, or, if I Malini Shah	Directors or Officers have n	not been selected, an Incor	porator:
Printed Name: MALINI SHAH	Title: DIRECT	OR	
Required Signature(s) on behalf of companies: [See below for required Signature: Malini Shah	Converting Florida partn signature(s).]	<u>ierships, limited partner</u>	ships, and limited liability
Printed Name: MALINI SH	AH Title:	DIRECTOR	<del></del>
Signature:			<del></del>
Printed Name:	Title:		<del></del>
Signature:			<del></del>
Printed Name:	Title:		<u> </u>
Signature:			
Printed Name:	Title: _		
Signature:			
Printed Name:	Title:	· · · · · · · · · · · · · · · · · · ·	
Signature:			
Printed Name:	Title:		
If Florida General Partnership or l Signature of one General Partner.			
<u>If Florida Limited Partnership or l</u>	<u>Limited Liability Limited</u>	rartnersnip:	

Signatures of <u>ALL</u> General Partners.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

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

RTICLE	II PRINCIPAL OFFICE	
ne principa	l place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
1875	WATER RIDGE CT	1875 WATER RIDGE C
VEST	ΓΟN, FL 33326	WESTON, FL 33326
	III PURPOSE	
ne purpose	e for which the corporation is organized is:	·
INAI	NCIAL SERVICES	
-	•	
	·	-
RTICLE	IV SHARES 200 SHADE	S WITH NO DAD VALUE
he number	IV SHARES of stock is: 200 SHARE	S WITH NO PAR VALUE
	V OFFICERS AND/OR DIRECTORS	
RTICLE	V OFFICERS AND/OR DIRECTORS	
IRTICLE	V OFFICERS AND/OR DIRECTORS	
IRTICLE	V OFFICERS AND/OR DIRECTORS	Name and Title:
Name and T	V OFFICERS AND/OR DIRECTORS  (Title: MALINI SHAH PRESIDENT 1875 WATER RIDGE CT	Name and Title:  Address:
ARTICLE  Jame and T  Address:	V OFFICERS AND/OR DIRECTORS  Title: MALINI SHAH PRESIDENT  1875 WATER RIDGE CT  WESTON, FL 33326	Name and Title:  Address:  Name and Title:
ARTICLE  Vame and T  Address:	V OFFICERS AND/OR DIRECTORS  Title: MALINI SHAH PRESIDENT  1875 WATER RIDGE CT  WESTON, FL 33326	Name and Title:  Address:  Name and Title:
Name and T Address: Name and T Address:	W OFFICERS AND/OR DIRECTORS  Title: MALINI SHAH PRESIDENT  1875 WATER RIDGE CT  WESTON, FL 33326  Title:	Name and Title:  Address:  Name and Title:  Address:

Name:	R&P ACCOUNTING & TAXES INC		
Address:	150 SE 2ND AVE STE 404		
	MIAMI, FL 33131		
******	***************************************	********	
Having be this certif	een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a	cess for the above stated corporation at the place designate s registered agent and agree to act in this capacity	ed in
		10/22/2024	
	Required Signature/Registered Agent	Date	

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

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

ADI LAKSHMI INC.

DOS ID Number:

5008186

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

09/14/2016

**Statement Status:** 

**CURRENT** 

Statement Due Date:

09/30/2026

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No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 18, 2024 at 10:40 A.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hughen

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007143316 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>