

LD6000027486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

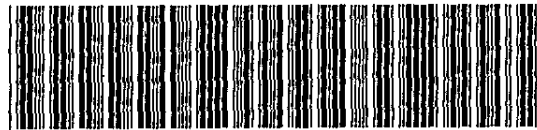
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LD6-12282

Office Use Only



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DIVISION OF CORPORATIONS
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DB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2006

ANNA VOLPE DIMAIO
1230 NE 83ST
MIAMI, FL 33138

SUBJECT: PREVENTIVE NATURAL MEDICINE CENTER, INC.
Ref. Number: W06000012282

We have received your document for PREVENTIVE NATURAL MEDICINE CENTER, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

WE RECEIVED YOUR DOCUMENT ON 3/09/06,

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 306A00017496

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREVENTIVE NATURAL MEDICINE CENTER, INC.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

ANNA VOLPE DIMARCO
(Contact Person)
PREVENTIVE NATURAL MEDICINE CENTER, INC.
(Firm/Company)
1230 NE 83rd
(Address)
MIAMI, FL 33138
(City, State and Zip Code)

For further information concerning this matter, please call:

ANNA VOLPE DIMARCO at (305) 757-5656
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status ☐ \$180.00 Filing Fees and Certified Copy ☐ \$185.00 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

PREVENTIVE NATURAL MEDICINE CENTER, INC.
(Enter Name of Other Business Entity) 19800072477

2. The "Other Business Entity" is a FL Corp.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of State of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 3-1-06
(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 Limited Liability Company as set forth in the attached Articles of Organization:

PREVENTIVE NATURAL MEDICINE CENTER LLC
(Enter Name of Florida Limited Liability Company)

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5. If not effective on the date of filing, enter the effective date: 3-9-06.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 1 day of MARCH 20 06.

Signature of Authorized Person: Anna Volpe DiMaio

Printed Name: ANNA VOLPE DIMAIO Title: Officer

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREVENTIVE NATURAL MEDICINE CENTER, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1230 NE 83ST MIAMI, FL 33138 1230 NE 83ST MIAMI, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANNA VOLPE DI MIAIO
Name
1230 NE 83ST
Florida street address (P.O. Box NOT acceptable)
MIAMI, FL 33138
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 608, F.S.

Anna Volpe Di Miao
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CHRISTOPHER STANISKI
1230 NE 83 ST
MIAMI, FL 33138

MGRM

JOHN DIMAIO
1230 NE 83 ST
MIAMI, FL 33138

MGR

ANNA VOLPE DIMAIO
1230 NE 83 ST
MIAMI, FL 33138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3-9-06

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Anna Volpe Dimais
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANNA VOLPE DIMAIO
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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F.L. CL.
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