

L19000276116

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

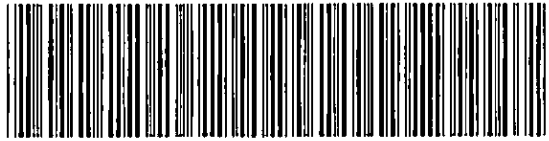
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/19/2019

Acc#120160000072

eric DW

Name:	Wound Healing Institute Of OPP Inc.
Document #:	
Order #:	12407868

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Ref# _____

Amount: \$ **180**

Thank you!

**ARTICLES OF CONVERSION
FOR
"CONVERTED OR OTHER BUSINESS ENTITY"
INTO
FLORIDA LIMITED LIABILITY COMPANY**

The Articles of Conversion are submitted to convert the following "Converted or Other Business Entity" into a Florida Limited Liability Company in accordance with Section 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is WOUND HEALING INSTITUTE OF OPP, INC. (the "Converted or Other Business Entity").

2. The "Converted or Other Business Entity" is a corporation, organized, formed or incorporated under the laws of Florida on 11/07/2019.

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is WOUND HEALING INSTITUTE OF OPP, LLC.

4. This conversion shall be effective in Florida upon filing.

5. The plan of conversion was approved by the Converted or Other Business Entity in accordance with all applicable statutes.

6. The Florida Department of State may send any process served on the department pursuant to Section 605.0117 and Chapter 48 of the Florida Statutes to the following address: Erin Smith Aebel, Esq., 101 E. Kennedy Boulevard, Suite 2800, Tampa, Florida 33602.

7. The "Converted or Other Business Entity" has agreed to pay any members of the Florida Limited Liability Company having appraisal rights the amount to which such members are entitled under Sections 605.1006 and 605.1061-605.1072 of the Florida Statutes.

[Signature Page to Follow]

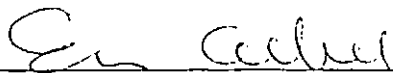
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, these Articles of Conversion have been executed by the Incorporator of the Converted or Other Business Entity, and by a duly Authorized Representative of Member of the Limited Liability Company on this 18 day of November, 2019.

WOUND HEALING INSTITUTE OF OPP, INC.

By: 
Erin Smith Aebel, Incorporator

WOUND HEALING INSTITUTE OF OPP, LLC

By: 
Erin Smith Aebel, Authorized Representative of Member

**ARTICLES OF ORGANIZATION
FOR
WOUND HEALING INSTITUTE OF OPP, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is **WOUND HEALING INSTITUTE OF OPP, LLC**.

ARTICLE II – Address:

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

6919 N. Dale Mabry Highway
Suite 250
Tampa, Florida 33614

ARTICLE III– Manager(s):

The Limited Liability Company will be manager-managed. The name, title and address of the initial manager of the Limited Liability Company are:

Title	Name and Address
MGR	Ravindra Patel 16606 Villavenda de Avila Tampa, Florida 33613

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

ARTICLE V – Admission of Members

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

ARTICLE VI – Transfer of Interest in Company

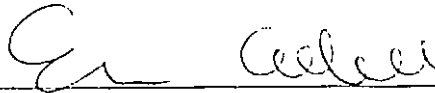
No transfer of an Interest in the Limited Liability Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Limited Liability Company, as amended at the effective time of the transfer.

ARTICLE VII - Registered Agent and Registered Address

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

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 18 day of November, 2019.



Signature of an authorized representative of a member.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section §17.155, Florida Statutes.)

Erin Smith Aebel

Typed or printed name of signee

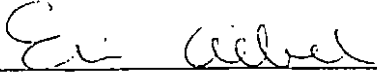
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Wound Healing Institute of OPP, LLC**.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Erin Smith Aebel
Registered Agent