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| (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:

L. SELLERS

MAY - 5. 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

Registration Section TO: **Division of Corporations** SUBJECT: JDJ Medical Supplies LLC (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: Patricia Mendez (Contact Person) JDJ Medical Supplies (Firm/Company) 10221 Key Plum St (Address) Plantation, FL 33324 (City, State and Zip Code) For further information concerning this matter, please call: Patricia Mendez) 394-5780 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: □ \$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees **☑**\$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: MAILING ADDRESS:

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

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

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: JDJ Medical Supplies |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a LLC (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 California (Enter state, or if a non-U.S. entity, the name of the country) |
| on July 10, 2000 (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: |
| JDJ Medical Supplies LLC. |
| (Enter Name of Florida Limited Liability Company) |
| 5. If not effective on the date of filing, enter the effective date: (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 listed therein.) |

Page 1 of 2

FILED

| Signed this 29 day of april | 20_09 | |
|---|--------------------------------|--|
| Signature of Member or Authorized Represent | ative of Limited Liability Cor | npany: |
| Signature of Member or Authorized Representative Printed Name: Patricia Mendez | re: Title: Manager | ······································ |
| Signature(s) on behalf of Other Business Entity: | [See below for required signat | ure(s).] |
| Signature: Slause dollars Printed Name: Blanca Diaz' | | |
| Printed Name: Blanca Diaz | Title: Owner | |
| | | |
| Signature:Printed Name: | Title: | |
| | | |
| Signature:Printed Name: | Title: | |
| | | |
| Signature:Printed Name: | Tida | |
| Finited Name. | riue: | |
| Signature: | | |
| Printed Name: | Title: | , |
| Signature: | | |
| Printed Name: | Title: | |
| IADL 41 G | | |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or | Officer | |
| If Directors or Officers have not been selected, an In | | |
| · | | |
| If Florida General Partnership or Limited Liabili Signature of one General Partner. | ty Partnership: | |
| Signature of one General Fatther. | | |
| If Florida Limited Partnership or Limited Liabili | ty Limited Partnership: | |
| Signatures of ALL General Partners. | | |
| All others: | | |
| Signature of an authorized person. | | |
| Fees: | | |
| Certificate of Conversion: | \$25.00 | |
| Fees for Florida Articles of Organization: | \$125.00 | TAL SE |
| Certified Copy: | \$30.00 (Optional) | |
| Certificate of Status: | \$5.00 (Optional) | 芸門 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| JDJ Medical Suppplies LLC (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | |
| Principal Office Address: Mailing Address: | |
| 18851 NE 29th ST. Suite 700 Aventura, FL 47 | |
| 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: | |
| Blanca Diaz Name | |
| 18851 NE 29 th St #700 | |
| Florida street address (P.O. Box NOT acceptable) | |
| Aventura FL 33180 | |
| City, State, and Zip | |
| 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 the Chapter 608, F.S. | |

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 TILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| MGRM" = Managing Member MGR Patricia Mendez 18851 NE 29th Ave #700 Aventura. FL 3 MGR Blanca Diaz 18851 NE 29th Ave #700 Aventura, FL 3 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) cetive date: 1) cannot be prior to nor more than 90 days after the date this it is filed by the Florida Department of State; AND 2) must be the same as tive date listed in the attached Certificate of Conversion, if an effective sted therein.) REQUIRED SIGNATURE: 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.) Blanca Date Typed or printed name of signee | Title: | Name and Address; |
|--|--|--|
| ## 18851 NE 29th Ave #700 Aventura. FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 100 Aventura, FL | "MGR" = Manager "MGRM" = Managing Member | |
| ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 18851 NE 29th Ave #700 Aventura, FL 3 ## 10 COPTIONAL ## 10 COP | MGR | Patricia Mendez |
| ## Jorge Diaz 18851 NE 29th Ave #700 Aventura, FL 3 18851 NE 29th Ave #700 Aventura, FL 3 (Use attachment if necessary) It V: Effective date, if other than the date of filing: (OPTIONAL) | | 18851 NE 29th Ave #700 Aventura, FL 33 |
| ## Jorge Diaz 18851 NE 29th Ave #700 Aventura, FL 3 18851 NE 29th Ave #700 Aventura, FL 3 (Use attachment if necessary) It V: Effective date, if other than the date of filing: (OPTIONAL) | MGR | Rianca Diaz |
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) (In accordance with setting of Conversion, if an effective sted therein.) (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.) (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.) (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.) (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.) (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.) (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.) | | 18851 NE 29th Ave #700 Aventura, FL 33 |
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