

L09000112911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

W09-50950

Special Instructions to Filing Officer:

Nulra Coffman

WITHHOLD FROM BY PHONE TO

EXTRACT

DATE

SEE EXAM

Signature para. on Cert. of Conv.

11/23/09

Chf

Office Use Only



300160447753

11/25/09--01002--002 **115.00

09/10/09--01010--005 **35.00

Effective Date *11/12/09*

09 SEP 10 AM 11:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FF \$150.00

B. Todd NOV 25 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2009

NUBIA BONILLA
8364 HUNTSMAN PLACE
BOCA RATON, FL 33428

SUBJECT: NUBIA THERAPY, INC.
Ref. Number: P08000033578

We have received your document for NUBIA THERAPY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 209A00030507

November 11, 2009

Brenda Patlock

Florida Department of State Division of Corporations

Originally I had sent in the papers to dissolve my company Nubia Therapy Inc., and during our conversation you advised me that I could convert the corporation to a LLC.

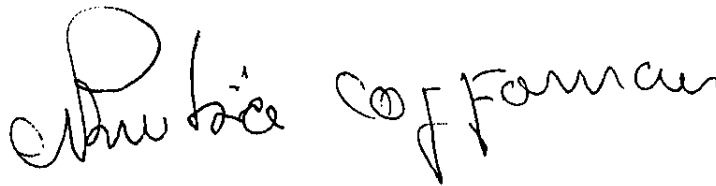
Per our conversation I am sending in the forms to convert my Corporation to a LLC.

If you have any questions please feel free to contact me at 561-715-5433.

Thank you in advance for your cooperation on this matter.

Regards

Nubia Coffman

A handwritten signature in cursive script that reads "Nubia Coffman". The signature is written in black ink and is positioned to the right of the printed name.

C Brenda.. Here is the check
for the 115. sorry I did not send it
the first time

Thanks. nabra.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nubia therapy 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:

Nubia E Coffman
(Contact Person)
Nubia therapy LLC
(Firm/Company)
8364 Huntsman place
(Address)
Boca Raton FL 33433
(City, State and Zip Code)

For further information concerning this matter, please call:

Nubia Coffman at (561) 715,5433
(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

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

Effective Date 11/12/09

09 SEP 10 AM 11:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Nubia Therapy Inc
(Enter Name of Other Business Entity)

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

PO8-33578

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

on 04-01-08
(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:

Nubia Therapy LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: 11.12.09
(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 12 day of November 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: _____

Printed Name: Nubia E. Coffman Title: President

on behalf of Nubia Therapy Inc. and Nubia Therapy LLC

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nubia Therapy LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

Effective Date 11/12/09

09 SEP 10 AM 11:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II - Address:

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

Principal Office Address:

8364 Huntsman pl
Boca Raton FL 33433

Mailing Address:

8364 Huntsman
pl Boca Raton
FL 33433

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:

MARY J COSCIA-WAGGONER FA

Name

19666 MONTANA Lane

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33434

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 in Chapter 608, F.S..

MARY J COSCIA-WAGGONER FA
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

MANAGER

Name and Address:

Nubia E Coffman
8364 Huntsman place
Boca Raton FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/12/09
(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Nubia E Coffman
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.)

Nubia E Coffman
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)