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(Address)

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(Business Entity Name)

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B. BOSTICK  
AUG 23 2011  
EXA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SALUD MEDICA, 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:

RAFAEL CABRERA

(Contact Person)

Salud Medica, LLC

(Firm/Company)

424 E. Central Blvd, Ste 405

(Address)

Orlando, FL 32801

(City, State and Zip Code)

executives@saludmedica.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Rafael Cabrera

(Name of Contact Person)

at ( 407 ) 637-9972

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees<br>(\$25 for Conversion<br>& \$125 for Articles<br>of Organization) | <input type="checkbox"/> \$155.00 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$180.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,<br>Certified Copy, and<br>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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11 AUG 22 PM 12:10  
TALLAHASSEE, FLORIDA

**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: **SALUD MEDICA, INC.**

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2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on January 5, 2011.

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: not applicable.

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**: **SALUD MEDICA, LLC.**

5. To be effective on the date of filing.

Signed this 12 day of AUGUST, 2011.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative:



Printed Name: RAFAEL CABRERA  
Title: MANAGING MEMBER

**Signature(s) on behalf of Other Business Entity:**



Signature:

Printed Name: RAFAEL CABRERA Title: PRESIDENT

**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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STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION OF  
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is: SALUD MEDICA, LLC

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
424 E. Central Blvd.  
Suite 405  
Orlando, FL 32801

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be: PERPETUAL

**ARTICLE IV — Management:**

The Limited Liability Company is to be managed by the managing members and the name and address of the managing members are:

RAFAEL CABRERA, 2478 Flowering Dodwood Dr., Orlando, FL 32828

FABRIZZIO I. SAPIEN 1518 Almond Ave. Orlando, FL 32814

HACINTO MOEN, 8896 Della Scala Circle, Orlando, 32836

**ARTICLE V — Registered Agent.**

The name and address of the Registered Agent for the Limited Liability Company shall be:  
RAFAEL CABRERA, 2478 Flowering Dodwood Dr., Orlando, FL 32828

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.

  
\_\_\_\_\_  
RAFAEL CABRERA

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12 day of August, 2011.

  
\_\_\_\_\_  
RAFAEL CABRERA, Managing Member

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TALLAHASSEE, FLORIDA