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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS NOV 1 6 2011 EXAMINER

Transmittal Letter

November 14, 2011

Sent Via FedEx 8715-4898-2810

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

Subject: Homestead Family Medical Center, LLC

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:

Deborah Pastran, Esq. 333 NE Campbell Drive Homestead, FL 33090 Dpastran@aol.com

For further information concerning this matter, please call:

Deborah Pastran at 305-246-2122

Enclosed is a check for the following amount:

\$ 180.00 Filing Fees and Certified Copy

Certificate of Conversion For Homestead Family Medical Center, Inc. Into Florida Limited Liability Company

FILED

2011 NOV 1/5 PM 1: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Homestead Family Medical Center, Inc. Poloooo24187

- 2. The "Other Business Entity" is a corporation, first organized, formed or incorporated under the laws of Florida on February 17, 2006.
- 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Homestead Family Medical Center, LLC

4. This conversion shall become effective on the date of filing.

provided for in \$1817.155, F.S.

- 5. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.
- 6. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signature
Printed Name: Sonia Talarico
Title: President

Articles of Organization for Florida Limited Liability Company For Homestead Family Medical Center, LLC

I. <u>Name</u>

The name of the Limited Liability Corporation is **Homestead Family Medical Center**, LLC, hereinafter referred to as the "Corporation".

II. Address

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

909 N. Krome Avenue Homestead, FL 33030

III. Registered Agent

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

Raul E. Pastran 333 NE Campbell Drive Homestead, FL 33030

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Raul E. Pastran, November 11, 2011

IV. <u>Management</u>

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

MGRM: Sonia Talarico, 909 N. Krome Ave, Homestead, FL 33030

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IALLAHASSEE. FLORIS

V. **When Articles of Incorporation Effective**

This Limited Liability Company and its Articles of Organization shall become effective when a properly filed by the Florida Department of State.

November 11, 2011

Sonia Talarico, Managing Member

In accordance with section 608.408(3), Florida Statues, 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 for in s.817.155, F.S.