

L14000142101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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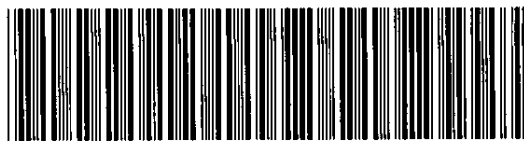
(Business Entity Name)

(Document Number)

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14 SEP - 8 AM 4:32

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2014 SEP - 8 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 288317 4369500

AUTHORIZATION :

COST LIMIT :

*Amel Elger*  
~~\$113.75~~ **\$180-** **\$5M**

ORDER DATE : September 8, 2014

ORDER TIME : 2:16 PM

ORDER NO. : 288317-005

CUSTOMER NO: 4369500

DOMESTIC CONVERSION FILING

NAME: SENTRIX PHARMACY AND DISCOUNT  
INC.

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY (1)  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2014

CSC  
COURTNEY WILLIAMS

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: SENTRIX PHARMACY AND DISCOUNT LLC  
Ref. Number: W14000054834

We have received your document for SENTRIX PHARMACY AND DISCOUNT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 914A00019164

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 SEP 10 AM 11:36  
OFFICE OF FILING

FILED

2014 SEP -8 AM 10: 27

**ARTICLES OF CONVERSION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

for

**SENTRIX PHARMACY AND DISCOUNT INC.,**  
*a Florida corporation*

into

**SENTRIX PHARMACY AND DISCOUNT, LLC,**  
*a Florida limited liability company*

**September 8, 2014**

In accordance with Section 605.1045 of the Florida Revised Limited Liability Company Act, the following Articles of Conversion (these "Articles") are submitted to convert **SENTRIX PHARMACY AND DISCOUNT INC.**, a Florida corporation, into **SENTRIX PHARMACY AND DISCOUNT, LLC**, a Florida limited liability company:

1. The name of the "Other Business Entity" immediately prior to the filing of these Articles is Sentrix Pharmacy and Discount Inc.
2. The "Other Business Entity" is a corporation first incorporated under the Florida Business Corporation Act on November 14, 2011.
3. The name of the Florida Limited Liability Company as set forth in the Articles of Organization attached hereto as Exhibit A is Sentrix Pharmacy and Discount, LLC.
4. These Articles shall be effective upon the filing of these Articles with the Department of State of the State of Florida.
5. The plan of conversion has been approved in accordance with Sections 607.1112-607.1114 of the Florida Business Corporation Act.

*[Signatures appear on following page]*

IN WITNESS WHEREOF, the undersigned has executed these Articles of Conversion of Sentrix Pharmacy and Discount Inc. as of the date first set forth above.

**CORPORATION:**

**SENTRIX PHARMACY AND DISCOUNT, INC.,**  
*a Florida corporation*

By: \_\_\_\_\_

Name: Alex Chervinsky

Title: President

**LIMITED LIABILITY COMPANY:**

**SENTRIX PHARMACY AND DISCOUNT, LLC,**  
*a Florida limited liability company*

By: /s/ Harris Siskind \_\_\_\_\_

Authorized Person

EXHIBIT A  
ARTICLES OF ORGANIZATION

(see attached)

FILED

2014 SEP -8 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

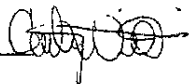
SENTRIX PHARMACY AND DISCOUNT, LLC

These Articles of Organization of Sentrix Pharmacy and Discount, LLC, are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Sentrix Pharmacy and Discount, LLC.
2. The mailing address and street address of the principal office of the limited liability company is 6751 North Federal Highway, Suite 101, Boca Raton, Florida 33487.
3. The name and the Florida street address of the registered agent are Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

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 605, F.S.

s/ Corporation Service Company  
Registered Agent's Signature

 Asst. VP  
Courtney Williams

4. The name and address of the sole member is HMX Hollywood, LLC, 2901 Clint Moore Road, #247, Boca Raton, Florida 33496. Such sole member is authorized to manage and control the limited liability company.
5. These Articles of Organization shall become effective as of the date of filing hereof.

s/ Harris Siskind

Authorized Person

(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 for in s.817.155, F.S.)