L14000165967

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	MAIL MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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January 27, 2021

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: ALTERNATIVE MEDICAL ENTERPRISES LLC

Ref. Number: L14000165967

We have received your document for ALTERNATIVE MEDICAL ENTERPRI-LLC and the authorization to debit your account in the amount of \$5.00 However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10) s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be across and current in filing its annual reports with the Department of State thro. Some December 31 of the calendar year in which the conversion is submitted for filing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 721A00001940

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

01/26/2021

D	ate:	01/26/2021		, , , ,)	\J
		Acc#I201600	00072	and J	UV VV
Name:	Alternative	e Medical Enterpr	ises LLC		
Document #:					
Order #:	13464559				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:					
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	t:\$ 55.00			

Thank you!

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Elorida Statutes.

riolida Statutes.
The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
Alternative Medical Enterprises LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Alternative Medical Enterprises LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a <u>limited liability company</u> (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of <u>Delaware</u> . (Enter state, or if a non-U.S. entity, the name of the country)
The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: (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 of the conversion under the laws governing the "Other Business Entity.")
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	1451 Global Court, Sarasota, FL 34240			
Mailing Address:	1451 Global Court, Sarasota, FL 34240			
	Other Business Entity" has agreed to pay any members having amount to which such members are entitled under ss. 605.1006 1072, F.S.			
Signed this25th	day of January , 20 21			
Signature:	Must be signed by a Member or Authorized Representative			
Printed Name: R.M	ichael Smullen Title: Chief Executive Officer			
Fees: Filing Fee: Certified Copy Certificate of S	\ 1 /			

Page 2 of 2

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

l. 	The name of the limited liabil	ity company is Alternative Medical Enterprises LLC
2.	_	limited liability company in the State of Delaware is
locato	ed at 1209 Orange Street	(street),
in the	e City of <u>Wilmington</u>	, Zip Code <u>19801</u> . The
		address upon whom process against this limited The Corporation Trust Company
		By: Authorized Person
		Name: R. Michael Smullen
		Print or Type