

L14000180795

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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ALABAMA

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NOV 21 2014

D. BRUCE



November 20, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9350911 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

AMERICAN INTEGRATED MEDICAL SOLUTIONS, INC.  
(FL)  
Misc - Domestic Corporate Filing - Articles of Conversion  
with Articles of Organization  
Florida

AMERICAN INTEGRATED MEDICAL SOLUTIONS, INC.  
(FL)  
Obtain Document - Misc - Certified Copy of Articles of  
Conversion with Articles of Organization  
Florida

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
AMERICAN INTEGRATED MEDICAL SOLUTIONS, 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.)

First organized, formed or incorporated under the laws of Florida  
on January 13, 2014  
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
AMERICAN INTEGRATED MEDICAL SOLUTIONS, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

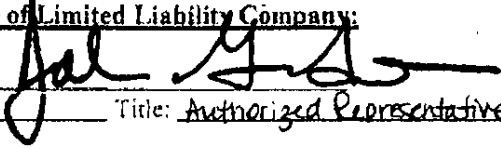
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FLORIDA DEPARTMENT OF STATE  
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Signed this 19th day of NOVEMBER 20 14


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

Signature of Authorized Representative: 

Printed Name: John N. Giordano

Title: Authorized Representative

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

Signature: 

Printed Name: THOMAS R. NEWKIRK

Title: Pres., Sec., Treas., Director

Signature: \_\_\_\_\_

Printed Name: LESTER MORALES, JR.

Title: VP, Sec., Director

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:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Signed this 19th day of NOVEMBER 2014

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

Signature of Authorized Representative: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Printed Name: THOMAS R. NEWKIRK Title: Pres., Sec., Treas., Director

Signature: \_\_\_\_\_  
Printed Name: LESTER MORALES, JR. Title: VP, Sec., Director

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:**

Articles 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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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
AMERICAN INTEGRATED MEDICAL SOLUTIONS, LLC**

The undersigned, acting as an authorized representative of the initial members of the above captioned Limited Liability Company, under the provisions of the Florida Revised Limited Liability Company Act, Chapter 605, *Florida Statutes*, adopts the following Articles of Organization:

**ARTICLE I  
NAME & ADDRESS**

The name of this limited liability company is AMERICAN INTEGRATED MEDICAL SOLUTIONS, LLC (the "Company") and its principal office and mailing address is 13014 N. Dale Mabry Highway, Suite 237, Tampa, Florida 33618.

**ARTICLE II  
EFFECTIVE DATE**

The Company shall commence its existence upon the filing of these Articles of Organization with the Florida Secretary of State.

**ARTICLE III  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company shall be 1801 N. Highland Avenue, Tampa, Florida 33602, and the initial registered agent of the Company at such address is BUSH ROSS REGISTERED AGENT SERVICES, LLC.

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TAMPA, FLORIDA  
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**ARTICLE IV**  
**OPERATING AGREEMENT**

The power to adopt, alter, amend or repeal an Operating Agreement governing the operation of the Company shall be vested in its members.


**ARTICLE V**  
**MANAGEMENT OF THE COMPANY**

The Company shall be managed by a manager or managers who shall be elected by the members in the manner set forth in the Company's Operating Agreement. The initial Managers shall be Thomas R. Newkirk and Lester Morales, Jr.

**ARTICLE VI**  
**INDEMNIFICATION**

If the criteria set forth in §605.0408, *Florida Statutes*, or any successor statute, and any criteria set forth in the Company's Operating Agreement have been met, then the Company shall indemnify any manager or member, or former manager or member, his or its personal representatives, devisees or heirs, in the manner and to the extent contemplated by §605.0408, *Florida Statutes*.

IN WITNESS WHEREOF, the undersigned authorized representative of the initial members has executed these Articles of Organization this 19<sup>th</sup> day of November, 2014.


  
John N. Giordano, Authorized Representative

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**CERTIFICATE DESIGNATING  
REGISTERED AGENT**

Pursuant to the provisions of Chapter 605, *Florida Statutes*, AMERICAN INTEGRATED MEDICAL SOLUTIONS, LLC, desiring to organize as a limited liability company under the laws of the State of Florida, by action of its members, hereby designates BUSH ROSS REGISTERED AGENT SERVICES, LLC, as its Registered Agent for the purpose of accepting service of process within such State and designates 1801 N. Highland Avenue, Tampa, Florida 33602, the business of its Registered Agent, as its Registered Office.

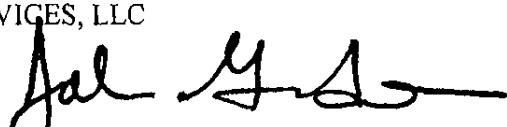
  
John N. Giordano, Authorized Representative

**ACKNOWLEDGMENT**

BUSH ROSS REGISTERED AGENT SERVICES, LLC hereby accepts the appointment as Registered Agent of the above named Company and agrees to act as such in accordance with the provisions of Chapter 605, *Florida Statutes*.

BUSH ROSS REGISTERED AGENT  
SERVICES, LLC

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

  
John N. Giordano, Vice President

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