

L15000046471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

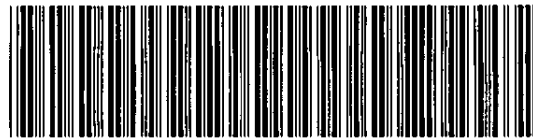
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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2015 JUL 28 A 9:16  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
**FILED**  
**RECEIVED**  
15 JUL 28 AM 11:16

JUL 29 2015

3 MASON

Wolters Kluwer

2075 Centre Pointe Blvd Ste. 101 Tallahassee, FL 32308

850-205-8842

ONE SOURCE PHARMACY AND MEDICAL SUPPLIES LLC

L15000046471


☐ Nonprofit  
☐ Domestic Corporation

☐ Limited Partnership  
☐ LLC

☐ Certified Copy

☒ Walk In  
☐ Mail Out

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

☐ Amendment  
☐ Dissolution/Withdrawal  
☐ Reinstatement  
☐ Annual Report

☐ Name Registration  
☐ Fictitious Name

☐ Photocopies

☐ Will Wait

KM

☐ Merger  
☐ Mark  
☒ Other  
Conversion

☐ CUS

☐ After 4:30  
☒ Pick Up

Order#  
9638476

Ref#:

Amount: \$

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One Source Pharmacy and Medical Supplies, LLC  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Jerome B. Cohen

Contact Person

Pulman, Cappuccio, Pullen, Benson & Jones, LLP

Firm/Company

2161 N.W. Military Hwy., Ste. 400

Address

San Antonio, Texas 78213`

City, State and Zip Code

jjimenez@onesourcemg.com

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

For further information concerning this matter, please call:

Jerome B. Cohen

at (210) 892-1603

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☐ \$55.00 Filing Fee  
and Certified Copy

☒ \$60.00 Filing Fee,  
Certified Copy, and  
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

CR2E106 (07/14)

**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, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

**One Source Pharmacy and Medical Supplies, LLC**

Enter Name of Florida Limited Liability Company

L15000046471

2. The name of the "Converted or Other Business Entity" is:

**One Source Pharmacy and Medical Supplies, LLC**

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a **limited liability company**  
(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 **Texas**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **August 1, 2015**  
(Date of organization, formation or incorporation)

and 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: **August 1, 2015**  
(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.

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TALLAHASSEE, FLORIDA

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: 15733 San Pedro Ave.  
San Antonio, Texas 78232

Mailing Address: 15733 San Pedro Ave.  
San Antonio, Texas 78232

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 27 day of July, 2015

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Jon Jimenez Title: CEO

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

FILED  
2015 JUL 28 A 9:07  
STATE  
SECRETARY