L15000071974

(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:

APR 24 2015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCE WOUND CARE MANAGEMENT & ASSOCIATES LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

HENRY NORIEGA
(Contact Person)

(Firm/Company)

922 N KROME AVE
(Address)

HOMESTEAD FL 33030
(City, State and Zip Code)

fidel_ferreiro@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ALBERT at (305) 823-9228
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

■ $150.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization)

☐ $155.00 Filing Fees and Certificate of Status

☐ $180.00 Filing Fees and Certified Copy

☐ $185.00 Filing Fees, 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

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: ADVANCED WOUND CARE MANAGEMENT & ASSOCIATES 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
(Enter state, or if a non-U.S. entity, the name of the country)
on MARCH 15 2015.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**
ADVANCED WOUND CARE MANAGEMENT & ASSOCIATES LLC.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: MARCH 15 2015.
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ADVANCED WOUND CARE MANAGEMENT & ASSOCIATES LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
922 N KROME AVE	922 N KROME AVE
HOMESTEAD FL 33030	HOMESTEAD FL 33030

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FIDDEL FERRERIO
Name

922 N KROME AVE
Florida street address (P.O. Box **NOT** acceptable)

HOMESTEAD FL 33030 FL 33020
City Zip

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..

Fiddell Ferrer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	FIDDEL FERRERIO 922 N KROME AVE HOMESTEAD FL 33030
MGR	HENRY NORIEGA 922 N KROME AVE HOMESTEAD FL 33030
MGR	JULIETTE PEREZ 922 K KROME AVE HOMESTEAD FL 33030

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/01/2015 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Fiddell Ferrir

Signature of a member or an authorized representative of a member.
(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.)

MGR FIDEL FERRERIO
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)