

L15000083559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

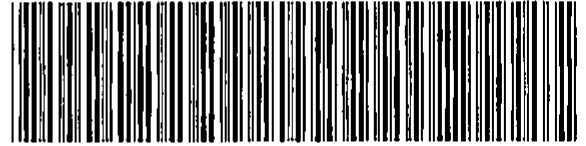
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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K. SALY
AUG 14 2019

CT CORP

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

Date: 8/12/2019

Acc#120160000072

en: c DW

Name:	WEST ORANGE WINTER GARDEN DIALYSIS CENTER, LLC
Document #:	
Order #:	12033403 LINE 4733

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input checked="" type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

CT CORP

*Corrected:
Please allow for original
file date. Thank you*

SUBJECT: WEST ORANGE WINTER GARDEN DIALYSIS CENTER, LLC
Ref. Number: L15000083559

We have received your document for WEST ORANGE WINTER GARDEN DIALYSIS CENTER, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

The Certificate of Conversion must contain the street and mailing address of an office that the Florida Dept. of State may use for purposes of s.48.181, F.S.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 119A00016606

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: West Orange Winter Garden Dialysis Center, 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:

Banji Awosika, M.D.

Contact Person

West Orange Winter Garden Dialysis Center, LLC

Firm/Company

1210 E. Plant Street, Suite 120

Address

Winter Garden, FL 34787

City, State and Zip Code

Dr.awosika@westorangenephrology.com

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

For further information concerning this matter, please call:

Jennifer Carusone

at (704) 377-8156

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)

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19 AUG 12 AM 6:15
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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:

West Orange Winter Garden Dialysis Center, LLC

Enter Name of Florida Limited Liability Company

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

West Orange Winter Garden Dialysis Center, 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 Delaware
(Enter state, or if a non-U.S. entity, the name of the country)

on August 8, 2019
(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: upon filing
(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.")

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: 1210 E. Plant Street
Winter Garden, FL 34787

Mailing Address: 1210 E. Plant Street
Winter Garden, FL 34787

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 8th day of August, 20¹⁹

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Banji Awosika, M.D. Title: President

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

Page 2 of 2

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TALLAHASSEE, FLORIDA