L15000196438

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

Office Use Only



100309910111

04/17/18--01016--009 **25.00



2018 APR 17 54 2:31

APR 2 0 2018

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY			
СХ	РНОТОСОРУ	· 		
	CUS			
x	FILING	CONVERSION		
(CORPORATE NAME AND DOCUM	IENI#)		
((CORPORATE NAME AND DOCUMENT #)			
	CORPORATE NAME AND DOCUM	IENT #)		
	CORPORATE NAME AND DOCUM	ENT#)		
	CORPORATE NAME AND DOCUM	ENT #)		
	# *			
	CORPORATE NAME AND DOCUM	ENT #)		



April 18, 2018

CORPORATE ACCESS, INC.

SUBJECT: TRUE BEARING DIAGNOSTICS, LLC

Ref. Number: L15000196438

We have received your document for TRUE BEARING DIAGNOSTICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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: 318A00007839

COVER LETTER

TO:	Registration S Division of C						
SUBJ	ECT: True Bear	ring Diagnostics, LLC					
	Name of Florida Limited Liability Company						
Limite			ee(s) are submitted to c r Business Entity" in a				
Please	return all corr	espondence concernin	g this matter to:				
Eric M	l. Hellige						
		Contact Person					
Pryor (Cashman LLP						
		Firm/Company					
7 Time	es Square						
		Address					
New Y	ork, New York 1	0036					
	(City, State and Zip Code					
	e@pryorcashman						
Ē	-mail address: (to	be used for future annual	report notification)				
For fu	rther informati	on concerning this ma	tter, please call:				
Eric M	. Hellige		at (²¹²) ³²⁶	-0846			
N	ame of Contact Po	erson		rtime Telephone Number			
Enclos	sed is a check f	for the following amou	ınt:				
□ \$ 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:			MAILING A	ADDRESS:			
_	ration Section		Registration Section				
	on of Corporat	ions	Division of Corporations				
	Building		P. O. Box 6327				
	2661 Executive Center Circle Tallahassee, FL 32314						
i allah	assee, FL 323	UI					

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

Florida Statutes.
1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
True Bearing Diagnostics, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
True Bearing Diagnostics, Inc.
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a Corporation (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 April 17, 2018 (Enter state, or if a non-U.S. entity, the name of the country)
(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: April 17, 2018

 (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: 37	5 Commerce Way, Suite 101	
	L	ongwood, Florida 32750	
Mailing Address:		75 Commerce Way, Suite 101	
		ongwood, Florida 32750	
app	e "Converted or O oraisal rights the au 1 605.1061-605.10	ther Business Entity" has agreed to mount to which such members are 672, F.S.	pay any members having entitled under ss. 605.1006
Signed	d this	day of April	, ₂₀ _18
Signat	ture:	Must be signed by a Member or Author	ized Representative
Printe	d Name: Tisha Jep	son Title: Member	
Fees:	Filing Fee: Certified Copy: Certificate of Sta	\$25.00 \$30.00 (Optional) atus: \$5.00 (Optional)	36 36 3
		Page 2 of 2	APR 17 AM 8: 49 RETABY OF STATE ANASSEE, FLORIDA