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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
16 MAY 13 PM 12:46  
RECEIVED  
MAY 13 2016  
STATE  
OF FLORIDA  
TALLAHASSEE

MAY 16 2016  
J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONVERT A CORPORATION INTO A 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:

DANEL CEDENT

(Contact Person)

MEDICINE & SOCIETY, Inc.

(Firm/Company)

17443 SW 47TH CT

(Address)

MIRAMAR, FL 33029

(City, State and Zip Code)

d\_cedent@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

DANEL CEDENT

at ( 954 ) 907-7246

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2016

DANEL CEDENT  
17443 SW 47TH CT  
MIRAMAR, FL 33029

SUBJECT: MEDICINE & SOCIETY LLC  
Ref. Number: W15000004023

We have received your document for MEDICINE & SOCIETY LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 115A00001141

DANEL CEDENT  
17443 SW 47 CT  
MIRAMAR, FL 33029  
TEL: (954) 907-7246  
Email: d\_cedent@yahoo.com

*May 12, 2016*

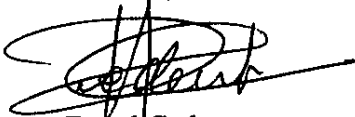
Mr. Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: MEDICINE & SOCIETY LLC  
Ref. Number: W15000004023

Dear Mr. Shivers:

This letter is to certify that I have no intention of reinstating the dissolved/revoked entity "MEDICINE & SOCIETY INC". Therefore, I am asking your office to release the name for use to another entity. I wish to use the name of MEDICINE & SOCIETY for the LLC. Please, do not hesitate to contact me at (954) 907-7246 if you need additional information. Enclosed are the copy of your letter dated on April 25, 2016 along with the cover letter and the articles of the organization. Thank you for your cooperation.

Sincerely



Danel Cedent,

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDICINE & SOCIETY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

17443 SW 47 CT

MIRAMAR, FLORIDA 33029

**Mailing Address:**

17443 SW 47 CT

MIRAMAR, FLORIDA 33028

**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.)

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

DANEL CEDENT

Name

17443 SW 47 CT

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

FL

33029

City

State

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
16 MAY 13 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

DANEL CEDENT

17443 SW 47 CT

MIRAMAR, FL 33029

N/A

N/A

N/A

N/A

N/A

N/A

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DANEL CEDENT

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)

16 MAY 13 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED