

L16000190837

(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:

Office Use Only

2596-6461-608-



200290988762

10/12/16 --01010--011 **370.00

C. GOLDEN
OCT 17 2016

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DEPARTMENT OF STATE
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16 OCT 12 AM 11:45 OCT 17 PM 3:21

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-12-16

ENTITY NAME:

CANO HEALTH, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy

XX

Certified Copy

XX

COGS

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 185-

CHECK NUMBER: 2944

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANO HEALTH, 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:

Jason Conger

(Contact Person)

Lynch Conger McLane LLP

(Firm/Company)

1567 S.W. CHANDLER AVENUE, SUITE 204

(Address)

BEND, OREGON 97702

(City, State and Zip Code)

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

For further information concerning this matter, please call:

Jason Conger

at (541) 383-5857

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2016

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: CANO HEALTH, LLC
Ref. Number: W16000069916

We have received your document for CANO HEALTH, LLC and your check(s) totaling \$370.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6052.

Claretha Golden
Regulatory Specialist II

Letter Number: 816A00021985

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*Please
refuse
Corrected*

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New Filing Section

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

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16 OCT 17 PM 3:22

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:
CANO MEDICAL DENTAL, INC.

(Enter Name of Other Business Entity) P09000027475

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
on 03/25/2009.
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
CANO HEALTH, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____.
(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.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. 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 13th day of October 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Marlow Hernandez

Title: Incorporator/Chief Executive Officer

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:

Printed Name: Marlow Hernandez

Title: President/Chief Executive Officer

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION
OF
CANO HEALTH, LLC**

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ARTICLE I – NAME

The name of this limited liability company (the "LLC") is **Cano Health, LLC**.

ARTICLE II – PURPOSE

The purpose for which the LLC is organized is to engage in any activity or business permitted under the laws of the United State and the State of Florida.

ARTICLE III - ADDRESS

The street address and mailing address of the LLC's principal office is 680 N. University Drive, Pembroke Pines, Florida 33024.

ARTICLE IV – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name of the LLC's initial registered agent is Marlow Hernandez.

The street address and mailing address of the LLC's registered agent is 680 N. University Drive, Pembroke Pines, Florida 33024

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)

ARTICLE V - MANAGEMENT

The LLC is a member-managed limited liability company.

ARTICLE VI – AUTHORIZED OFFICER

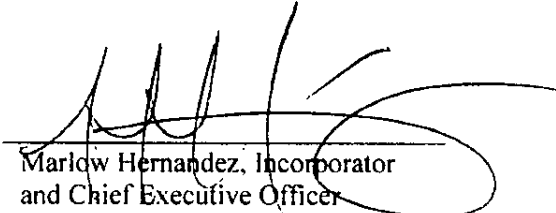
The name and address of each person authorized to manage and control the LLC
is:

Chief Executive Officer: Marlow Hernandez
680 N. University Drive
Pembroke Pines, Florida 33024

ARTICLE VII - DURATION

The duration of the LLC will be perpetual unless earlier terminated pursuant to its
Operating Agreement or Florida law.

By:


Marlow Hernandez, Incorporator
and Chief Executive Officer

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