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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### **CT CORP**

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

D	ate:	8/12/2019				
		Acc#I20160000072	- 4: DW			
Name:	WEST OF	RANGE ORLANDO DIA	LYSIS CENTER, LLC			
Document #:						
Order #:	12033403 LINE 29					
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2019

CT CORP

Corrected:
Please allow for
original file clate.
Thank you.

SUBJECT: WEST ORANGE ORLANDO DIALYSIS CENTER LLC

Ref. Number: L17000051982

We have received your document for WEST ORANGE ORLANDO 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: 619A00016604

#### **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: West Orange Orlando 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 Orlando Dialysis Center, LLC Firm/Company 828 Mercy Drive Address Orlando, FL 32808 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: at (704 ) 377-8156

Area Code and Daytime Telephone Number Jennifer Carusone Name of Contact Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee **⊠\$55.00** Filing Fee ☐ \$60.00 Filing Fee. S25.00 Filing Fee Certified Copy, and and Certificate of and Certified Copy Certificate of Status Status MAILING ADDRESS: STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P. O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 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.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
West Orange Orlando Dialysis Center, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
West Orange Orlando 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.")

Page 1 of 2

- 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:  Mailing Address:	1210 E. Plant Street, Suite 120			
	Winter Garden, FL 34787			
	1210 E. Plant Street, Suite 120			
	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	, 20_19	
_	$\mathcal{A}$				
Signature:		$\wedge$			
51gv	Must be signed by a Member or Authorized Representative				
Printed Name:	Banji Awosika.	M.D.	Title: President		
Timediane.			<del>-</del>		

Fees: Filing Fee: \$25.00 Certified Copy: \$30.00 (Optional)

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

Page 2 of 2

