

# L17000056318

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

71 3/13/17

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COMPASSIONATE CARE CLINICS OF AMERICA, 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:

Jim Farah

(Contact Person)

The Farah Law Group

(Firm/Company)

6550 St. Augustine Road, Suite 103

(Address)

Jacksonville, Florida 32217

(City, State and Zip Code)

jim@farahlaw.com

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

For further information concerning this matter, please call:

Jim Farah

(Name of Contact Person)

at ( 904 ) 443-0060

(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:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center  
Circle Tallahassee, FL  
32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

17 MAR 13 PM 3:10  
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**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

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:  
**COMPASSIONATE CARE CLINICS OF AMERICA, P.A.**  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **CORPORATION (P16000087404)**  
(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**  
(Enter state, or if a non-U.S. entity, the name of the country)  
on **OCTOBER 28, 2016**  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
**COMPASSIONATE CARE CLINICS OF AMERICA, 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 calendar 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 10<sup>th</sup> day of March 2017.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: **MATTHEW DRENBURG**

Title: **AUTHORIZED MEMBER**

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

Signature: \_\_\_\_\_

Printed Name: **MATTHEW DRENBURG** Title: **PRESIDENT / DIRECTOR**

**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 FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

### COMPASSIONATE CARE CLINICS OF AMERICA, LLC

(Must contain 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:

4446 Hendricks Avenue, #349  
Jacksonville, Florida 32207

#### Mailing Address:

4446 Hendricks Avenue, #349  
Jacksonville, Florida 32207

### 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:

Matthew Drenberg

Name

4446 Hendricks Avenue, #349

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

Jacksonville

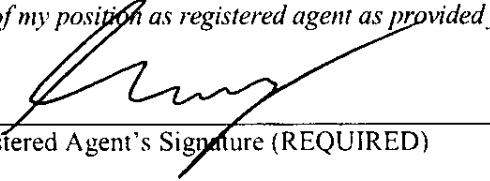
FL

32207

City

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)

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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

**Name and Address:**

AMBR

Matthew Drenberg

4446 Hendricks Avenue, #349

Jacksonville, Florida 32207

(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 calendar 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.

Matthew Drenberg, Authorized Member

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)**

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RECEIVED  
TALLAHASSEE FLORIDA