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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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D. PRUCE AUG 0 2 2018



August 1, 2018

#### VIA OVERNIGHT DELIVERY

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



#### ATTN: DEBORAH BRUCE

 Re: Articles of Conversion for Florida LLC Into Converted or Other Business Entity for MEDICAL DEVICE MANAGEMENT GROUP, LLC
FL Document # L17000056439
My File No.: 08-1471

Dear Ms. Bruce:

Pursuant to the enclosed letter notice of rejection (Letter No. 818A00014994), enclosed for filing with your office please find the Articles of Conversion for Florida Limited Liability Company Into "Converted or Other Business Entity" for Medical Device Management Group, LLC, which we ask be filed as soon as possible. My check in the amount of \$25.00 for the filing fee for said Articles of Conversion was previously submitted to you.

Also, please find enclosed a copy of the Annual Report for this entity that was filed with your office on July 31, 2018.

Please send me the original filing receipt of the Articles of Conversion as soon as possible in the self-addressed, pre-paid Federal Express envelope which is enclosed for your convenience.

Thank you for your courtesies and cooperation in this matter. Should you have any questions, please do not hesitate to contact me at (518) 935-7675.

Verv truly yours.

Kristen Galarneau





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2018

KRISTEN GALARNEAU SERVICE EXTRAORDINAIRE LLC 103 BROAD ST WATERFORD, NY 12188

SUBJECT: MEDICAL DEVICE MANAGEMENT GROUP, LLC Ref. Number: L17000056439

We have received your document for MEDICAL DEVICE MANAGEMENT GROUP, 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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 818A00014994



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

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### SUBJECT: MEDICAL DEVICE MANAGEMENT GROUP, 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:

KRISTEN GALARNEAU

Сс	intact Person	
SERVICE EXTRAORDINAL	RE LLC	
Fi	rm/Company	
103 BROAD STREET, #1		
	Address	
WATERFORD, NY 12188		

serviceextra@yahoo.com

E-mail address: (to be used for future annual report notification)

City, State and Zip Code

For further information concerning this matter, please call:

Kristen Galarneau	at ( <sup>518</sup>	) 935-7675
		/

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee and Certificate of Status S55.00 Filing Fee and Certified Copy ☐ \$60.00 Filing Fee, 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

CR2E106 (07/14)



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:

### MEDICAL DEVICE MANAGEMENT GROUP, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

## MEDICAL DEVICE MANAGEMENT GROUP, 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

(finter state, or if a non-U.S. entity, the name of the country) on\_July 12, 2018

(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: filing date (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.

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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:	341 Raven Circle
Mailing Address:	Wyoming, DE 19934
	341 Raven Circle
	Wyoming, DE 19934

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	the day of July	, 20_ <b>1%</b>
Signature:		
Printed Name:	Title:	d Representative
<u>Fees:</u> Filing Fee: Certified Copy: Certificate of Sta	S25.00 S30.00 (Optional) tus: S5.00 (Optional)	

Page 2 of 2

