L17002027147

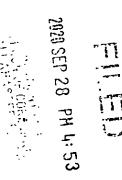
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
EFFECTIVE DATE				

Office Use Only



400352375164

09/2**9**/20--01005--015 **30.00



NOV 03 2020 S. YOUNG

COVER LETTER

SUBJECT: LigandomicsRx, 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: Wei Li Contact Person LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	TO: Registration Division of	Section Corporations		
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: Wei Li Contact Person LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person at (305) 7537239 Area Code and Daytime Telephone Number Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	SUBJECT. Ligando	micsRx, LLC		
Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S. Please return all correspondence concerning this matter to: Wei Li Contact Person LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person at (305) 7537239 Area Code and Daytime Telephone Number and Certificate of Status Find Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	SUBJECT	Name of Florida	Limited Liability Compar	ny
Wei Li Contact Person LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li 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 Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee Tallahassee, Suite 816	Limited Liability Co		* .	
Contact Person LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person at (305	Please return all cor	respondence concernir	ng this matter to:	
LigandomicsRx, LLC Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Redistration Status Tallahassee, FL 32314	Wei Li			
Firm/Company 2440 NORTH BLVD UNIT 5204 Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Address: Retire Address: Registration Section Division of Corporations The Centre of Tallahassee Suite 816		Contact Person		
Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of S55.00 Filing Fee and Certified Copy and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Address City, State and Zip Code Address at (305) 7537239 Area Code and Daytime Telephone Number Certified Copy and Certificate of S60.00 Filing Fee and Certificate of S60.00 Filing Fee and Certificate of Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	LigandomicsRx, LLC			
Address HOUSTON, TX 77098 City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li 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 Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Street, Suite 816		Firm/Company		
City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Status Tallahassee, FL 32314 City, State and Zip Code at (305) 7537239 Area Code and Daytime Telephone Number at (405) 7537239 Area Code and Daytime Telephone Number Street Address: Registration Section Certificate of Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	2440 NORTH BLVD U	JNIT 5204		
City, State and Zip Code w.li@ligandomicsrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person at (305) 7537239 Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Total Person Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816				
Wei Li Name of Contact Person Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 For further information concerning this matter, please call: at (305) 7537239 Area Code and Daytime Telephone Number Area Code and Daytime Telephone Number S55.00 Filing Fee S60.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	HOUSTON, TX 77098			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee and Certification notification of Corporations and Certificate of Tallahassee and Centre of Tallahasee a		City, State and Zip Code		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wei Li Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee and Certification notification of Corporations and Certificate of Tallahassee and Centre of Tallahasee a	w.li@ligandomicsrx.co	om		
Wei Li at (305) 7537239 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee and Certificate of Status \$30.00 Filing Fee and Certified Copy Status □ \$60.00 Filing Fee Certified Copy, and Certificate of Status Mailing Address: Registration Section Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 816	E-mail address: (t	o be used for future annual	report notification)	
Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further informa	tion concerning this ma	atter, please call:	
Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$\sum_{\text{\$\text{S25.00}}} \text{Filing Fee} \sum_{\text{\$\text{\$\text{\$\text{S30.00}}}} \text{Filing Fee} \sum_{\$\text{\$	Wei Li		at (305) 753	37239
□ \$25.00 Filing Fee and Certificate of Status Status Street Address: Registration Section	Name of Contact	Person		ytime Telephone Number
and Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 and Certified Copy Certified Copy, and Certificate of Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	Enclosed is a check	for the following amount	unt:	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816	□ \$25.00 Filing Fee	and Certificate of	-	
CR2E106 (05/17)	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of The Centre of 2415 N. Mo	Section Corporations of Tallahassee onroe Street, Suite 810

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:
LigandomicsRx, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
LigandomicsRx, 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 $\frac{\text{Texas}}{\text{(Enter state, or if a non-U.S. entity, the name of the country)}}.$ 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: (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.

- 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		RTH BLVD UNIT 5204				
	HOUSTO	ON, TX 77098				
Mailing Addre	2440 NO	2440 NORTH BLVD UNIT 5204				
		HOUSTON, TX 77098				
appraisal rig		usiness Entity" has agreed to to which such members are 68.				
Signed this 22		day of	. 20			
Signature:	Wei	sst be signed by a Member or Authoriz	zed Representative			
Printed Name:	Wei Li	Title: President				
	Fee: ed Copy: eate of Status:	, <u>-</u>				

Page 2 of 2