

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO:	New Filing So Division of C				
SUBI	IFCT: RENALP	RO Dialysis of Kendall L	.LC		
50130		(Name of Res	ulting Florida Limit	ed Con	npany)
					nd fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this matter to:		
Fredd	ie Misenas				
		(Contact Person)			
RENA	LPRO Dialysis o	f Kendali LLC			
		(Firm/Company)			
12780	SW 122 Ave. Si	uite# 100			
		(Address)			
Miami	, Florida 33186				
	•	City, State and Zip Code)			
	nas@yahoo.com			_	
E-r	nail Address: (to b	e used for future annual re	port notifications)		
For fi	ırther informati	on concerning this ma	tter, please call:		
Freddie Misenas			305 at (	323-	7791
	(Name of Conta	ict Person)	_ `	(Day	ytime Telephone Number)
		or the following amou a bank located in the	<del>-</del>	roces	sed by this office must be payable in US
(\$25 fc & \$12:	50.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
New I Divis Clifto	EET ADDRES Filing Section ion of Corporat on Building Executive Cent	ions	New Fi Divisio P. O. B	ling S n of C ox 63	Corporations

Tallahassee, FL 32301

## **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

l. Ri	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
_	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
	05/08/2018
on	(date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the <b>attached Articles of Organization</b> :  RENALPRO Dialysis of Kendall LLC.
_	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
(T th <u>No</u>	The effective date: 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.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 5th	day of October	20 <u>18</u>
Signature of Au	thorized Representative of Limi	ted Liability Company:
G:	The state of the s	ml //
Signature of Auth	norized Representative:	
Printed Name: Fre	ddie Misenas	Title: AMBER
Signature(s) on b	ehalf of Other Business Entity:	See below for required signature(s)
Signature:	The Ale	
Dei-And Non Free	rdie Misenne	Title: President
Frinted Name. Free	oney oney liel Gomez	Title: (Tesident
Signature:( 📐	an your	
Printed Name: Dan	iel Gomez 🗸	Title: Vice President
Printed Name:		Title:
Signature:		
Printed Name:		
Signature:		
Printed Name:		Title:
<del></del>		
Signature:		
Printed Name:		_ Title:
IC F1		
If Florida Corpor	rman, Vice Chairman, Director, or	Officer
	ficers have not been selected, an In-	
ii bii <b>cci</b> ois oi oii	neers have not been selected, an in-	corporator must sign.
If Florida Genera	al Partnership or Limited Liabili	ty Partnership:
Signature of one C		
•		
	d Partnership or Limited Liabili	
Signatures of <u>ALI</u>	L General Partners.	
All others:		
Signature of an au	thorized person.	
Fees:		
دامنسه	f Canvaraion.	\$25.00
	f Conversion:	\$25.00
rees for r	florida Articles of Organization:	\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
RENALPRO Dialysis of Kendall LLC.	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Duin singl Office Address.	Mailing Address.
Principal Office Address:	Mailing Address:
12780 SW 122 Ave.	12780 SW 122 Ave.
Suite #100	Suite #100
Miami Florida 33186	Miami Florida 33186
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	cred Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
<b>-</b>	
Freddie Misenas	
Namo	
15639 SW 85TH TERRACE	
Florida street address (P.O	Roy NOT accentable)
Florida street address (F.O	. Box ivor acceptable)
MIAMI	FL 33193
City	Zip
·	•
Having been named as registered agent and to	accept service of process for the above stated limited
	this certificate. I hereby accept the appointment as
	ity. I further agree to comply with the provisions of all
<b>.</b>	performance of my duties, and I am familiar with and
accept the obligations of my position as reg	gistered agent as provided for in Chapter 605, F.S
Musho	
Registered Agent's Sign	nature (REOLIRED)
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(CONTIN	UED)
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#### **ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBER	Freddie Misenas		
	15639 SW 85TH TERRACE		
	MIAMI, FL 33193		
AMBER	Daniel Gomez		
	15639 SW 85TH TERRACE		
	Miami Florida 33193		
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(Use attachment if necessary)		9	***
(Coo intermient it necessary)		****	7
	·	- <b> </b>	
DTICLE V. Other annuiciona if	•	` <del></del>	٠
ARTICLE V: Other provisions, if any.	<u>.5</u>	<del>້</del> ເກົ	
	(C)	<u>້ ປາ</u>	
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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.

Freddie Misenas

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)