# L20000032236

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

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2020 FEB -3 FT 3 51

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2021 FB-3 MHD: 3

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### **CT CORP**

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

2/3/2020

D	ate: 2/3/2020
	Acc#I20160000072
Name:	LEON MANAGEMENT INTERNATIONAL
Document #:	
Order #:	12639059 - 68
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:  Apostille/Notarial Certification:	Country of Destination:
	Number of Certs:
Filing: 🗸	Certified: ✓ Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 18000

Thank you!

#### **COVER LETTER**

	ew Filing Section	
Dr	vision of Corporations	
SUBJECT	T: Leon Management International, LLC	·
	(Name of Resulting Florida Lin	nited Company)
	sed Articles of Conversion, Articles of Organiza Entity" into a "Florida Limited Liability Compar	
Please retu	urn all correspondence concerning this matter to	:
	Briana O'Neill	
	(Contact Person)	
	Polsinelli PC	_
	(Firm/Company)	
	2950 N. Harwood St., Suite 2100	_
	(Address)	
	Dallas, TX 75201	
· · · · · · · · · · · · · · · · · · ·	(City, State and Zip Code)	<del>-</del>
Q	arlos.Junco@leonmedicalcenters.com	
E-mail A	Address: (to be used for future annual report notifications)	_
For further	r information concerning this matter, please call	:
Briana C	O'Neillat (_214	) 661-5573
(Na	ame of Contact Person) (Area Cod	e) (Daytime Telephone Number)
	is a check for the following amount: (All checks d drawn on a bank located in the United States)	processed by this office must be payable in US
\$150.00 I (\$25 for Con & \$125 for A of Organizat	nversion and Certificate of and Certified Co Articles Status	
Ne Div P.C	ailing Address:  Ew Filing Section  vision of Corporations  O. Box 6327  Ilahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### **Articles of Conversion**

For

#### "Other Business Entity"

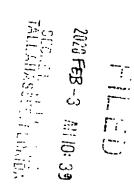
Into

#### 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.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Leon Management International, Inc.
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a corporation  (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 Forida  (Enter state, or if a non-U.S. entity, the name of the country)
	Une 22, 2001  (date of organization, formation or incorporation)  The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
٥.	Leon Management International, LLC
	(Enter Name of Florida Limited Liability Company)
(T the <u>No</u>	If not effective on the date of filing, enter the effective date: February 4, 2020.  he 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.)  te: 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 3 / day of February	
O'	ited Clabiba Company
Signature of Authorized Representative of Limi	ned Liability Company.
City Assault Assault Demonstrations	Cottien
Signature of Authorized Representative:	Title: Authorized Representative
Printed Name: Carlos F. Junco	THE Aumonzed Representative
	1 1 1 m 6 m m m i m d ni m m (n)
Signature(s) on behalf of Other Business Entity:	
	und
Signature: Printed Name: Carlos F. Junco	Title: Vice President, General Counsel and Secretary
Printed Name: Carlos F. Junco	Title: Vice President, General Course and Secretary
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
•	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
<del></del>	
All others:	
Signature of an authorized person.	
Fees:	
<del></del>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
<del></del>	\$30.00 (Optional)
Certified Copy:	\$5.00 (Optional)
Certificate of Status:	35.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		pany is:		
Leon Managemen	t International, LLC			
(1	Must contain the words "Limit	ed Liability Company, "L.I	C.," or "LLC.")	
ARTICLE II - A	Address: ress and street address of	of the principal offic	of the Limited Liabili	ity Company is:
Principal Office	Address:	Mailing A	ddress:	
8600 NW 41st Stree	t	8600 NW 41	t Street	<del></del>
Doral, RL33166		Doral, FL331	<u> </u>	<del></del>
	Carlos F			
	Carlost	Name		
	8600 NW 41st Street			
		ess (P.O. Box <u>NOT</u> a	cceptable)	
	Florida street addre			
	Doral	FL3	3166	
		FL3	Zip	

(CONTINUED)

#### **ARTICLE IV-**

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

11 A R 475 TO 11 A 41 * 1 B 4 1	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Benjamin Leon, Jr.
	8600 NW 41st Street
	Doral, FL33166
MGR	Benjamin Leon, III
- WG	8600 NW 41st Street
	Doral, FL33166
MGR	Albert R Maury
	8600 NW 41st Street
	Doral, R.33166
	·
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)  CLE V: Other provisions, if any.	
••	
••	
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CLE V: Other provisions, if any.	
LE V: Other provisions, if any.	
LE V: Other provisions, if any.	Sauch -
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member see with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordant any false information submitted in a document as provided for in s.817.155, F.S.	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware cument to the Department of State constitutes a third degree fe

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