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| (Re | equestor's Name) | |
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| (Ci | ity/State/Zip/Phone #) | 1 |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Name) | |
| (Dr | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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O'KEEFE
MAR 2 4 2020

W20-23995

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2020

JOSE VILLAR CPA 3850 SW 87 AVE STE 301 MIAMI, FL 33165

SUBJECT: ENASMAR LLC Ref. Number: W20000023995

We have received your document for ENASMAR LLC and your check(s) totaling \$150.00. 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), s.607.1622(9) and/or 607.1622(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 complete the section "Signature(s) on behalf of Other Business Entity: " in the Articles of Conversion.

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) 245-6052.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 420A00004781

COVER LETTER

| TO: New Filing S Division of C | | | | |
|--|--|---------------------------------------|--------|--|
| SUBJECT: ENASM | • | | | |
| SORTECT: FIANOR | | sulting Florida Limite | ed Com | npany) |
| | | _ | | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Please return all corr | espondence concernin | g this matter to: | | |
| Jose Villar CPA | | | | |
| | (Contact Person) | | | |
| | (Firm/Company) | | | |
| 3850 SW 87 Ave S | (Address) | | | |
| Miami, FL 33165 | (Address) | | | |
| | City, State and Zip Code) | | | |
| jvillar@villarcpa.co | om . | | | |
| | e used for future annual re | port notifications) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| Jose Villar | | at (305 | 448- | 1648 |
| (Name of Conta | ect Person) | | (Day | time Telephone Number) |
| | or the following amou a bank located in the | • | ocess. | ed by this office must be payable in US |
| ☑ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | ☐\$180.00 Filing I and Certified Copy | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add New Filing S | | | | Address: Filing Section |
| Division of C | | | | on of Corporations |
| P.O. Box 632 | .7 | • | The C | entre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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.

| Old Medical Control of the Control o |
|--|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ENASMAR LLC |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc. |
| |
| First organized, formed or incorporated under the laws of Delaware |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 1/7/2019 |
| (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ENASMAR LLC |
| (Enter Name of Florida Limited Liability Company) |
| |
| 4. If not effective on the date of filing, enter the effective date: |
| (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.) 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. |
| 20 117 1 5 20 117 1 5 |

| Signed this 14 day of January 20 20 |
|--|
| Signature of Authorized Representative of Limited Liability Company: |
| Signature of Authorized Representative: Signat |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] |
| Signature: - Where Signature: - Where Name: - COUNTRO N APPADO Title: MANAGING MEMBER |
| Signature: |
| Signature: Title: |
| Signature: |
| Signature: Printed Name: Title: |
| Signature: Printed Name: Title: |
| Printed Name: Title: |
| Signature: |
| Printed Name:Title: |
| Signature: |
| Printed Name: Title: |
| 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.

20 ::: 1 :: 12: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Na | | | | |
|------------------------------------|--|---|---|---|
| | ime: Limited Liability Compar | ny is: | | |
| | | | | |
| ENASMAR LLC | | | | |
| (M | lust contain the words "Limited L | .iability Company. " | L.L.C" or "LLC." | ") |
| ARTICLE II - A The mailing addre | | he principal off | ice of the Lim | nited Liability Company is: |
| Principal Office | Address: | Mailing | Address: | |
| 5445 COLLINS AVE | 701 | 5445 COL | LINS AVE 701 | |
| MIAMI BEACH, FL 33 | 3140 | МІАМІ ВЕ | ACH, FL 33140 | |
| business entity with an | Company cannot serve as its own active Florida registration.) Florida street address of | | - | |
| | Jose A. Villar CPA, PA | Name | | - |
| | , | Varie | | |
| | 3850 SW 87 Ave Ste 301 | | <u></u> | - |
| | Florida street address | (P.O. Box <u>NO)</u> | _acceptable) | |
| | Miami | FL | 33165 | _ |
| | City | | Zip | |
| liability comp registered agent | pany at the place designal and agree to act in this c ig to the proper and comp | ted in this certifi apacity. I furthe dete performanc | cate, I hereby er agree to cor e of my duties | ss for the above stated limited accept the appointment as mply with the provisions of all a, and I am familiar with and d for in Chapter 605, F.S |

| À | RT | 11 | LU | IV |
|---------------|--------------|-----|----|-------|
| \mathcal{A} | \mathbf{r} | 11. | LF | - V - |

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 | EDUADO NAMADO | |
| MGR | EDUARDO N AMADO 5445 COLLINS AVE 701 | |
| | MIAMI BEACH, FL 33140 | |
| | MIAMI BEACH, FE 33140 | |
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| (Use attachment if necessary) | <u> </u> | 7 |
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| CLE V: Other provisions, if any. | | |
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| | | |
| | | |
| REQUIRED SIGNATURE: | | |
| In Objective | | |
| - Grand | | |
| | 41. 2 3 | |
| Signature of a member or | an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the | at |
| any false information submitted in a docu | ment to the Department of State constitutes a third degree felo | at ny |
| as provided for in s.817.155, F.S. | | |
| | | |

Typed or printed name of signee