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(Requestor's Name)
(Address)
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(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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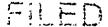
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SECRETARY OF STATE

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Requester's Name 315 South Calhoun Street,	suite 600
Address	
Tallahassee, FL 32301 (8	50)425-5686
City/State/Zip Phone	-
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ORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if known):
Care Center Wedu	viole LLC
(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director Change of Registered Agent
Limited Liability Domestication	Dissolution/Withdrawal
Other Conders: on	Merger .
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
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TALLAHASSEE, FL

SECRETARY OF STATE ARTICLES OF CONVERSION "OTHER BUSINESS ENTITY" INTO FLORIDA LIMITED LIABILITY COMPANY

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

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Care Center Network. Inc.
- 2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on May 4, 2009.
- 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Care Center Network, LLC.
- 5. This Certificate of Conversion is effective on August 27, 2020.
- 6. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 25 th day of August, 2020.

Signature on behalf of Other Business Entity:

Signature of Chairman. Vice Chairman. Director, or Office

Antonio Diaz. President

Signature of Authorized Representative of the Limited Liability Company:

Authorized Person

FILED

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SECRETARY OF STATE TALLAHAGSEE, FL

ARTICLES OF ORGANIZATION OF CARE CENTER NETWORK, LLC

The undersigned, being a duly authorized representative of the Member, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I NAME

The name of the limited liability company is CARE CENTER NETWORK, LLC (the "Company").

ARTICLE II ADDRESS

The principal address of the Company is:

2121 SW 3rd Avenue, Suite 200 Miami, FL 33129

The mailing address of the Company is:

2121 SW 3rd Avenue. Suite 500 Miami, FL 33129

ARTICLE III REGISTERED AGENT AND OFFICE

The Company designates 2121 SW 3rd Avenue, Suite 500, Miami, FL 33129 as the street address of the initial registered office of the Company and names Antonio Diaz, as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement or pursuant to the Revised Florida Limited Liability Act, as amended from time to time.

ARTICLE V MANAGEMENT

The Company shall be conducted, carried on, and managed by its Member.

ARTICLE VII PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

ARTICLE VIII ADDITIONAL MEMBERS

Additional Members may be admitted upon the written consent of the majority ownership interest, and in the manner set forth in the Operating Agreement of the Company.

ARTICLE IX EFFECTIVE DATE

The effective date of these Articles of Organization is August 27, 2020.

IN WITNESS WHEREO of August, 2020.	
	Antonio Braz.
	Duly Authorized Representative of the Member

ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for CARE CENTER NETWORK, LLC to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605. Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this _____th day of August, 2020.

Antonio Diaz

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SECRETARY OF STATE