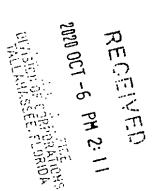
# L20000307696

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/6/20

NAME: AORTIC INNOVATIONS LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: New Filing Secti Division of Corp					
SUBJECT: Aortic Innova					
SUBJECT:	(Name of Res	ılting	Florida Lim	ted Com	pany)
			_		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspo	ondence concerning	this	matter to:		
Brandon Huffman					
(0	Contact Person)			_	
Odin Law and Media					
(1	Firm/Company)	_		_	
5171 Glenwood Avenue, S	Suite 103				
	(Address)			_	
Raleigh, NC 27612					
(City,	State and Zip Code)	-		-	
brandon@odinlaw.com					
E-mail Address: (to be us	ed for future annual rep	ort n	otifications)	_	
For further information of	concerning this mat	ter, p	olease call:		
Brandon Huffman		at (	919	<sub>\</sub> 813-0	090
(Name of Contact P	erson)	_a. (	(Area Code	) (Dayt	ime Telephone Number)
Enclosed is a check for t dollars and drawn on a b	<del>-</del>			orocess	ed by this office must be payable in US
(\$25 for Conversion an	\$155.00 Filing Fees d Certificate of atus		180.00 Filing Certified Co	,	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address New Filing Secti Division of Corp P.O. Box 6327 Tallahassee, FL 3	on orations			New F Division The Co	Address: iling Section on of Corporations entre of Tallahassee J. 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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Aortic Innovations 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.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
July 27, 2011 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Aortic Innovations 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.

Signed this _	TOEN	day of September		20	<u> </u>
Signature o	f Autho	rized Representative	of Limite	d Lia	bility Company:
Signature of	Authori	zed Representative	Ali Shah	nani	
Printed Name	e: Ali Sha	hriari		Title:	Manager
					ow for required signature(s)
Signature: _	Ali Shal	iniani			· · ·
Printed Name	e: Ali Sha	hriari		Title:	Manager
Signature: Printed Name	n:			Title	
i iiiica ivani	·			I MIC.	
Signature: _					
Printed Name	e:			Title:	
Printed Name	e:			Title:	
Signature: Printed Name	· · ·			Title	
i iiiica i taiii	<u>-</u>			i itio,	
Signature: _					
Printed Name	e:			Title:	
If Florida Co	orporati	on:			
-		n, Vice Chairman, Direc			
If Directors o	or Officer	rs have not been selected	d, an Inco	rporat	or must sign.
If Florida G	eneral P	artnership or Limited	Liability	Parti	nershin:
Signature of					
			T . 1		. 15
		artnership or Limited eneral Partners.	Liability	Limii	ted Partnership:
All others: Signature of	an authoi	rized person.			
Fees:					
Fees Certi		•	ation:		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Aortic Innovation	is LLC		
		ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - The mailing add		ne principal office of the Limited	d Liability Company is:
Principal Offic	e Address:	Mailing Address:	
839 Enfield Stree	et	839 Enfield Street	
Boca Raton, FL	33487	Boca Raton, FL 33487	
The name and t	155 Office Plaza Drive, 1	Jame st Floor	4040 OCT -6 F
The name and t	Paracorp Incorporated  N  155 Office Plaza Drive, 1: Florida street address (	st Floor (P.O. Box <u>NOT</u> acceptable)	-6 PH
The name and t	Paracorp Incorporated N 155 Office Plaza Drive, 1	Jame st Floor	5 6
Having been liability co registered ago statutes rela	Paracorp Incorporated  N  155 Office Plaza Drive, 1s Florida street address ( Tallahassee  City  named as registered agent a suppany at the place designate and agree to act in this counting to the proper and compared.	Vame st Floor (P.O. Box <u>NOT</u> acceptable) FL 32301	or the above stated limited rept the appointment as y with the provisions of all an familiar with and

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Ali Shahriari
	839 Enfield Street
	Boca Raton, FL 33487
	· <u></u>
(Use attachment if necessary)	

#### **REQUIRED SIGNATURE:**

Ali Shalinani

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.

Ali Shahriari

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)

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 10/5/2020

ENTITY NAME: Aortic Innovations LLC

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated