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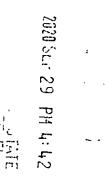
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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: MMX Manufacturing, LLC			
	ulting Florida Lim	ited Company)	
The enclosed Articles of Conversion, Article Business Entity" into a "Florida Limited Li	_		
Please return all correspondence concerning	g this matter to:		
Timothy Benjamin			
(Contact Person)		_	
MMX Manufacturing		_	
(Firm/Company)			
7900 Oak Lane, Suite 400		_	
(Address)			
Hialeah, FL 33016			
(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	_	
tim@miamimedx.com		_	•
E-mail Address: (to be used for future annual rep	oort notifications)	_	:
For further information concerning this mat	ter, please call:		· •
Timothy Benjamin	at (206-0088	
(Name of Contact Person)		e) (Daytime Telephone Number)	•
Enclosed is a check for the following amou dollars and drawn on a bank located in the	,	processed by this office must b	e 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 and Certified Co		202 0 SE
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassec, FL 32303	EP 29 PH 4: 42

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.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	
(Enter entity type. Example: corporation, limited partnership, general partnership, com-	non law or business trust, etc.)
First organized, formed or incorporated under the laws of	ne name of the country)
July 21, 2020	, , , , , , , , , , , , , , , , , , ,
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Ar	ticles of Organization:
MMX Manufacturing, 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 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 dadocument's effective date on the Department of State's records.	90 calendar days after
5. The plan of conversion has been approved in accordance with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to pay any members having appra which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	isal rights the amount to SER 29
	PA PA PA FA

Signed this 24 day of September	20_ <i>_20</i>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: Timothy Benjamin	Title: Manager
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Timothy Benjamin	Title: Director, President
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner.	corporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
MMX Manufacturing, LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ADTICLE II. Add		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	ed Liability Company is:
	principal office of the Elling	ed Entonity Company is.
Principal Office Address:	Mailing Address:	
7900 Oak Lane, Suite 400	7900 Oak Lane, Suite 400	1
Hialeah, FL 33016	Hialeah, FL 33016	
APTICLE III - Degistered Agent Degister	ad Office & Declarated A	4)6:4
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Reg	ed Office, & Registered Ag sistered Agent. You must designate an	ent's Signature: individual or another
business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
MiamiMedX, Inc		
Nar	ne	
7000 0 1 1 0 10 10 10 10 10 10 10 10 10 1		
7900 Oak Lane, Suite 400	O Pay NOT aggregate (1-)	
	O. Box NOT acceptable)	
Hialeah ——	FL 33016	
City	Zip	
Having heen named as registered agent and	to accent service of process t	for the above stated limited
liability company at the place designated	in this certificate, I hereby ac	cept the appointment as
registered agent and agree to act in this cape	icity. I further agree to comp	ly with the provisions of all
statutes relating to the proper and complete	e performance of my duties, a	nd I am familiar with and
accept the obligations of my position as r	egisterea agent as providea f	or in Chapter 603, F.S
7'	•	2021
		2020 SE: 29
Registered Agent's Sig	gnature (REQUIRED)	F.\`
(CONTI	NUED)	
		PM 4: 42
		TH 42

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Timothy Benjamin	
	7900 Oak Lane, Suite 400	
	Hialeah, FL 33016	
MGR	Jaime Gomez	
	7900 Oak Lane, Suite 400	
	Hialeah, FL 33016	
MGR	Javier Gomez	
	7900 Oak Lane, Suite 400	
	Hialeah, FL 33016	
		
(Use attachment if necessary)		
-,		
CLE V: Other provisions, if any.		•
		-
DEMHIDED CLONATURE.		:
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·	-
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V		
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This document is executed in accordance	an authorized representative of a member	rıs th
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This document is executed in accordance any false information submitted in a docu	with section 605,0203 (1) (b). Florida Statutes, Lam awa	re th felo
This document is executed in accordance any false information submitted in a docu as provided for in s.817.155. F.S.	with section 605.0203 (1) (b), Florida Statutes, I am awa ment to the Department of State constitutes a third degree	re th felo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)