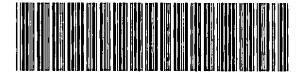
# L2000346865

(Requestor's Name)
(Address)
(Address)
(//dd/033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
0 11 1 1 1 1 1 1 1 1 1 1 1
Special Instructions to Filing Officer:





000354116020

19/23/20--01031--011 ++180.00

20 0CT 23 PM 7: 57

D O'KEEFE NOV 1 3 2020



TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

October 20, 2020

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Integrated Medical Supplies, Inc./LLC

Articles of Conversion

Ladies and Gentlemen:

Enclosed please find the Articles of Conversion for "Other Business Entity" into Florida Limited Liability Company for Integrated Medical Supplies, Inc., for filing.

Also, enclosed is our firm's check in the amount of \$180.00 representing the filing and certified copy fees.

Thank you for your assistance in this matter. If you have any questions, please let us know.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr., Esquire

TDP/am Enclosures

### COVER LETTER

то:	New Filing S Division of C				
SUBJ	ECT: Integ	rated Medical	Supplies,	LLC	
			sulting Florida Limi		
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Please	return all corr	espondence concernii	ng this matter to:		
Tomm	y D. Perment	cer, Jr., Esquire (Contact Person)	:	-	
The	Permenter La	aw Firm, P.A. (Firm/Company)	<u> </u>	-	
2201	S.E. 30th A	Avenue, Suite 202 (Address)		-	
Ocala	a, Florida 3	34471 City, State and Zip Code)		-	
Tomm	 [Permenter]				
	•	e used for future annual re	eport notifications)	-	
For fu	rther informati	on concerning this ma	atter, please call:		
Tomm	y D. Perment	er, Jr., Esquire	at ( <u>352</u>	)622	2-1811
	(Name of Conta	ect Person)	(Area Code)	(Day	time Telephone Number)
		or the following amore a bank located in the		rocess	ed by this office must be payable in US
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing Sc Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Conversion**

For

# "Other Business Entity"

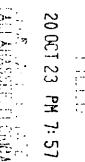
Into

### 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.

In the name of the "Other Business Entity" immediately prior to the fifing of the Articles of Conversion is:  Integrated Medical Supplies, 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
(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)
September 26, 2002 on
On September 26, 2002  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Integrated Medical Supplies, 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.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted 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 0CI 23 PH 7: 57

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE 1 -	Name:
-------	--------	-------

The name of the Limited Liability Company is:

Integrated Medical Supplies, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

Dainainal Office Addisons

The mailing address and street address of the principal office of the Limited Liability Company is:

Maritime Addmining

Principal Office Address:	Maining Adoress:
202 S. Magnolia Avenue	P.O. Box 1591
Suite 1	Ocala, Florida 34478
Ocala, Florida 34474	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Aaron J. Ca	шро	
	Name	
202 S. Mag	gnolia Avenue, Suite I	
Florida s	treet address (P.O. 1	Box NOT acceptable)
Ocala		FL 34474
	City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent & Signature (REQUIRED)

(CONTINUED)

20 0CT 23 FN 7: 57

#### ARTICLE IV-

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

Name and Address:	
Joseph A. Sorrentino	
Ocala, Florida 34474	
Aaron J. Campo	
	·
<del> </del>	
<del></del>	
	<del></del>
	- <del>12 11</del>
	77.
	777
	7.3-
	ا در از در
	٠ <del>ک</del> ـــ
	Joseph A. Sorrentino 202 S. Magnoha Avenue, Suite 1

### REQUIRED SIGNATURE:

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.

Joseph A. Sorrentino

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)