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Pensacola Apothecary, Inc.

6506 N. Davis Drive Pensacola, FL 32504 (650) 554-6888 chris@everwellrx.com

VIA UPS OVERNIGHT Tracking # 1Z 202 4E6 15 9460 6386

December 22, 2020

Florida Department of State Division of Corporations, New Filing Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re:

Articles of Conversion for Pensacola Apothecary, Inc. into

Florida Limited Liability Company

To Whom It May Concern:

Enclosed for filing is the above-referced document and the requisite filing fee. Please acknowledge the filing at your earliest convenience.

Very truly yours

Christopher Schulte

President

Pensacola Apothecary, inc.

COVER LETTER

| Division of C | | | | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------|
| SUBJECT: Everwell | Specialty Pharmacy, LL | C | | | |
| | | | g Florida Limit | ed Con | npany) |
| The enclosed Article Business Entity" into | s of Conversion, Artic o a "Florida Limited Li | les c abil | of Organizatio ity Company | on, an '' in ac | d fees are submitted to convert an "Other ecordance with s. 605.1045, F,S. |
| Please return all corr | respondence concernin | g thi | s matter to: | | |
| Christopher Schulte | | | | | |
| | (Contact Person) | | | | |
| EWFT, INC | | | | | |
| | (Firm/Company) | | _ | | |
| 491 Deer Point Drive | | | | | |
| | (Address) | | | | |
| Gulf Breeze, Florida 3 | 2561 | | | | |
| (1 | City. State and Zip Code) | | | | |
| chris@everwellrx.com | | | | | |
| E-mail Address: (to b | e used for future annual re | porti | notifications) | | |
| For further informati | on concerning this ma | iter. | please call: | | |
| Christopher Schulte | | 21 | (850 | 554-6 | 8888 |
| (Name of Conta | ict Person) | aι | | (Day | time Telephone Number) |
| Enclosed is a check to dollars and drawn on | or the following amou | nt: (Unit | All checks pred States) | ocess | ed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | S155.00 Filing Fees and Certificate of Status | | \$180.00 Filing I Certified Copy | | ■\$185.00 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Add New Filing S Division of C P.O. Box 632 | ection forporations 7 | |]] | New F Divisi The C | Address: Filing Section on of Corporations entre of Tallahassee |
| Tallahassee, I | コレ 32314 | | • | 24 I 5 I | 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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Pensacola Apothecary, Inc. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a |
| (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 29, 2003 |
| September 29, 2003 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Everwell Specialty Pharmacy, 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 22 day of December, 202 | 20 |
|-------------------------------------------------------------------------------------------|----------------------------------------------|
| Signature of Authorized Representative o | f Limited Liability Company: |
| Signature of Authorized Representative: | Title: Manager |
| Signature(s) on behalf of Other Business Er | ntity: [See below for required signature(s)] |
| Signature: Ochubel | |
| Printed Name: Christoper Schulte | Title: President |
| Signatura | |
| Signature:Printed Name: | Title: |
| | |
| Signature: Printed Name: | Title: |
| | |
| Signature: Printed Name: | Title: |
| | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | Title: |
| Trined Paine. | Title: |
| If Florida Corporation: | |
| Signature of Chairman, Vice Chairman, Direct | tor, or Officer. |
| If Directors or Officers have not been selected | , an Incorporator must sign, |
| If Florida General Partnership or Limited I Signature of one General Partner. | Liability Partnership: |
| If Florida Limited Partnership or Limited I Signatures of <u>ALL</u> General Partners. | Liability Limited Partnership: |
| All others: Signature of an authorized person. | |
| <u>Fees:</u> | |

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: 20 DEC 23 PH 2: 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| The name of the Limited Liability Cor | npany is: |
| Everwell Specialty Pharmacy, LLC | |
| (Must contain the words "Lin | nited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address | s of the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 6506 N. Davis Hwy | 6506 N. Davis Hwy |
| Pensacola, Florida 32504 | Pensacola, Florida 32504 |
| (The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street address | ss of the registered agent are: |
| Christopher Schulte | |
| | Name |

Name

491 Deer Point Drive

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze

FL 32561

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's Signature (REQUIRED)

(CONTINUED)

20 DEC 23 PH 2: 1

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| \sim | | | 1 4 1 . | v - |

Christopher Schulte

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 — Manager MGR | Christopher Schulte | | |
| | 491 Deer Point Drive | | |
| | Gulf Breeze, FL 32561 | _ | |
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| CLE V: Other provisions, if any. | | | |
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| REQUIRED SIGNATURE: | | | |
| REQUIRED SIGNATURE: | | | |
| Soku | bel | | |
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| Signature of a member or a | in authorized representative of a member | | |
| This document is executed in accordance was | with section 605.0203 (1) (b). Florida Statutes, I am avenue to the Department of State constitutes a third degree | vare that | |
| | | an Edam | |

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)