L21000010525

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		i

Office Use Only



600354595486

11/09/20--01040--020 **150.00

J DENNIS
JAN 13 2021

COVER LETTER 1

TO: eNew Filing Division of	Section Corporations				-2
SUD IL CT. AGIOS	GABRIEL HOLDINGS, L	.LC			
SUBJECT:	(Name of Re	sulting Florida Lin	ited Cor	npany)	
The enclosed Artic Business Entity" in	les of Conversion, Artic to a "Florida Limited L	des of Organiza iability Compar	tion, an ly" in a	nd fees are submitted to co ecordance with s. 605.10-	onvert an "Other 45, F.S.
Please return all co	rrespondence concernir	g this matter to:			
JAMIE ALAN SASSO	DN, ESQ.				
	(Contact Person)		_		
THE TICKTIN LAW (GROUP		_		
	(Firm/Company)				
270 SW NATURA AV	/ENUE		_		
	(Address)				
DEERFIELD BEACH	, FLORIDA 33441				
	(City, State and Zip Code)	-	_		
SERV513@LEGALB	RAINS.COM				
E-mail Address: (to	be used for future annual re	port notifications)	-		
For further informa	tion concerning this ma	tter, please call:			
JAMIE ALAN SASSO	N	at (561	715-	1525	
(Name of Con	tact Person)	(Area Code	:) (Day	1525 etime Telephone Number)	
	for the following amount a bank located in the		process	sed by this office must be	payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Ce	g Fees py	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Ad New Filing Division of			New	t Address: Filing Section ion of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion

For "Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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 the Articles of Conversion is: AGIOS GABRIEL HOLDINGS, INC
(Enter Name of Other Business Entity)
CORPORATION 2. The "Other Business Entity" is a
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)
06/29/2020 OB
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AGIOS GABRIEL HOLDINGS, 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	29 day of OCTOBER	2020
<u>Signature</u>	of Authorized Representative of Lin	nited Liability Company:
Signature c	of Authorized Representative:	ATTORNEY (DA
Printed Nar	ne: JAMIE ALAN SASSON	Title: ATTORNETTRA
Signatural	e) an habilf of Other Rusiness Entity	[See below for required signature(s)]
Signature	s) on behalf of Other Business Entity.	[See Delow for required signature(s)]
Signature:		
Printed Nar	ne: SPERO GEORGEDAKIS	Title: PRESIDENT
Signature:		
Printed Nan	ne:	Title:
Signature:		Title:
Printed Nan	ne:	Title:
C'		
Signature:		Title:
rinted Nan	ite	Titic.
Signature:		
Printed Nan	ne:	Title:
Signature:		
Printed Nan	ne:	Title:
	Corporation:	· Office
	Chairman, Vice Chairman, Director, o or Officers have not been selected, an I	
II Directors	of Officers have not been selected, and	ncorporator must sign.
If Florida C	General Partnership or Limited Liabi	lity Partnership:
	one General Partner.	
_		
<u>lf Florida I</u>	imited Partnership or Limited Liabi	lity Limited Partnership:
Signatures c	of ALL General Partners.	
All others:		
Signature of	an authorized person.	
<u>Fees:</u>		
A et i	cles of Conversion:	\$25.00
	for Florida Articles of Organization:	\$125.00
	ified Copy:	\$30.00 (Optional)
	ificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	/ is:
A OLOO CARRIEL HOLDINGS LLO	
AGIOS GABRIEL HOLDINGS, LLC (Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
(Mark Contain the Medical Market Contains	omy sampany, mason or bio.
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
340 RUDDER CAY WAY	340 RUDĐER CAY WAY
JUPITER, FL 33458	JUPITER, FL 33458
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are;
JAMIE ALAN SASSON	
	ime
	_
270 SW NATURA AVENUE	· · · · · · · · · · · · · · · · · · ·
Piorida street address (1	P.O. Box <u>NOT</u> acceptable)
DEERFIELD BEACH	FL 33441
City	Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all acte performance of myduties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
(CONT	INUED)

A	RT	۱,	$\boldsymbol{\Gamma}$	ı	L.	ī	V
/1	ĸı		۱.		Ľ		, -

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

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	SPERO GEORGEDAKIS
	340 RUDDER CAY WAY
	JUPITER, FL 33458
(Use attachment if necessary) LE V: Other provisions, if any.	
•	
LE V: Other provisions, if any.	
•	
ELE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am aware the ment to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or: This document is executed in accordance any false information submitted in a document.	with section 605,0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. JAMIE ALAN SASSON	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree feltoped or printed name of signee

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