# La1000249443

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

Office Use Only

Loc 6/10/21



400366905644

27/24.2. -- 21/200--- 200 - \*\* 120/00

#### **COVER LETTER**

TO:	New Filing S Division of C							
SUBJ	JECT: LAKE N	ONA DIAGNOSTICS LL	.C					
	- · · · · <u></u>	(Name of Re		ida Limite	ed Cos	mpany)	-	
The e Busin	nclosed Article less Entity" into	es of Conversion, Artic o a "Florida Limited L	tles of Org iability Co	ganizatic ompany	on, ai '' in a	nd fees are submitted to accordance with s. 605.1	convert a 045, F.S.	ın "Othei
Please	e return all corr	espondence concernin	g this mat	ter to:				
JERO	LD DRESKIN							
	<del></del>	(Contact Person)						
JERO	LD DRESKIN C	PA						
		(Firm/Company)						
1903	S CONGRESS A	AVE STE 340					•	2021
		(Address)					<u>:</u>	IIA
BOYN	ITON BEACH, F	LORIDA 33426					14 AUA CO.	2021 MAY 24 - ARTH:
	((	City, State and Zip Code)						
JDRE	SKIN104@YAH	OO.COM					•	734 
E-n	nail Address: (to b	e used for future annual re	port notifica	itions)				··
For fu	rther informati	on concerning this ma	tter, pleas	e call:				•
JERO	LD DRESKIN CI	PA	at (	١	846-	1262		
	(Name of Conta	ect Person)	(Are	a Code)	(Day	rtime Telephone Number)	-	
		or the following amou a bank located in the			ocess	sed by this office must b	e payabl	e in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.0 and Certif			☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing So Division of C P.O. Box 632	ection orporations		N D	vew l Divisi	t Address: Filing Section ion of Corporations Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **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: LAKE NONA DIAGNOSTICS 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.)
(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)
02/03/2021 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: LAKE NONA DIAGNOSTICS 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 locument'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.

\$5.00 (Optional)

Certificate of Status:

287 BAY 24 AP 11: 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
LAKE NONA DIAGNOSTICS LLC	
(Must contain the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
the maning address and street address of the	principal office of the Elithica Elability Company is.
Principal Office Address:	Mailing Address:
1903 S CONGRESS AVE STE 340	1903 S CONGRESS AVE STE 340
BOYNTON BEACH, FL 33446	BOYNTON BEACH, FL 33434
(The Limited Liability Company cannot serve as its own Re	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the	ne registered agent are:
JEROLD DRESKIN CPA	
Na	ame 2021 HAT 24
	24
1903 S CONGRESS AVE :	STE 340

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)

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

**BOYNTON BEACH** 

City

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	GREGORY J DREW
	1903 S CONGRESS AVE STE 340
	BOYNTON BEACH, FL 33436
	4
	(2)
	;*
(Use attachment if necessary)	### .22
(Social action in the essary)	<del>-</del>
	: :
LE V: Other provisions, if any.	~
REQUIRED SIGNATURE:	
Long of The	
/ 0 //	
This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware nent to the Department of State constitutes a third degree fe
Gregory Draw	ed or printed name of signee
Tyr	ed or printed name of signee
1·	ed or printed hame or 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)