

L21000516515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/21--01029--013 **150.00

2021-12-06 14:53:37

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To: FL Secretary of State Corporation Division

Please find one Certificate of Conversion for:

Consano Health Inc.

Please find enclosed a check for \$150 for the certificate of conversion and the new articles of Organization.

If there are any questions regarding this filing, please call Jessica Marschke at 1-800-981-7183 ext. 12676185

Please return all completed documents to:

Business Filings Incorporated
Attn: Filing Department
8020 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department
Business Filings Incorporated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consano Health LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jessica Marschke

(Contact Person)

Business Filings Incorporated

(Firm/Company)

8020 Excelsior Dr., STE 200

(Address)

Madison, WI 53717

(City, State and Zip Code)

fulfillment@bizfilings.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jessica Marschke

(Name of Contact Person)

at (800) 9817183

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate 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 this Certificate of Conversion is:
Consano Health 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.)

First organized, formed or incorporated under the laws of Florida
on 07-23-2021
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country.)

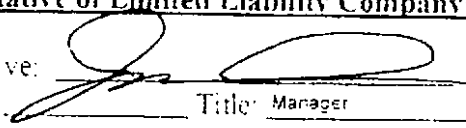
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Consano Health LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 17 day of November 2021

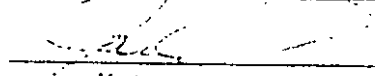
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Jerry Mastav

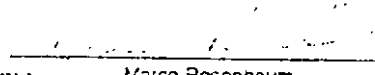
Title: Manager

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: Jerry Mastav

Title: President

Signature: 

Printed Name: Marco Rosenbaum

Title: Chief Financial Officer

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer

If Directors or Officers have not been selected, an Incorporator must sign

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners

All others:

Signature of an authorized person.

Fees:

Articles of Conversion.	\$25.00
Fees for Florida Articles of Organization	\$125.00
Certified Copy.	\$30.00 (Optional)
Certificate of Status	\$5.00 (Optional)

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF**

Consano Health LLC

ARTICLE I NAME

The name of the limited liability company is: Consano Health LLC

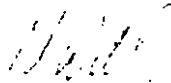
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 120 East Main St. Suite B, Pensacola, Florida 32502

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, FL 33324. Located in the County of Broward.

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.



Signature: _____
Mark Williams, A.V.P. *Business Filings Incorporated*

Date: November 5, 2021

ARTICLE IV MANAGERS/MEMBERS


The management of the limited liability company is reserved for the Managers.
Jerry Mastaw, 120 East Main St. Suite B, Pensacola, Florida 32502
Scott Carruthers, 120 East Main St. Suite B, Pensacola, Florida 32502

FAX AUDIT # _____

FAX AUDIT # _____

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Jerry Mastaw, Organizer

Date: 11/17/2021

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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FAX AUDIT # _____