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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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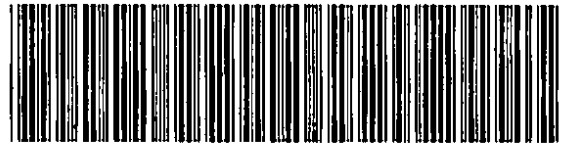
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FL

2021 DEC 20 PM 4:09

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Omni Pain Care, LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles 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:

Tyler Yonge

(Contact Person)

Drummond Wehle Yonge LLP

(Firm/Company)

6987 East Fowler Avenue

(Address)

Tampa, Florida 33617

(City, State and Zip Code)

tyler@dwyfirm.com

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

For further information concerning this matter, please call:

Tyler Yonge at (813) 983-8000

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$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

Mailing Address:

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

Street Address:

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

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:
Omni Pain Care, P.A.

(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 P16000060867
(Enter state, or if a non-U.S. entity, the name of the country)

on July 20, 2016
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Omni Pain Care, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 1/1/2022
(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.

FILED
2021 DEC 20 PM 4:09
CLERK OF STATE
TALLAHASSEE, FL

Signed this 14 day of December 20 21.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Sidharth Panchamia Title: Manager

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

Signature: [Signature]
Printed Name: Sidharth Panchamia Title: President, Director

Signature: _____
Printed Name: _____ Title: _____

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)

**ARTICLES OF ORGANIZATION
OF
OMNI PAIN CARE, LLC**

The undersigned authorized representative hereby executes these Articles of Organization ("Articles") for the purpose of forming a limited liability company in accordance with the laws of the State of Florida.

Article I – Name

The name of this limited liability company (the "Company") shall be:

OMNI PAIN CARE, LLC

Article II – Principal Office and Mailing Address

The initial mailing address and initial street address of the principal office of the Company are:

Initial Mailing Address	Initial Street Address
PO BOX 2112 Riverview, Florida 33568	3140 S. Falkenburg Road, Ste 205 Riverview, Florida 33578-2594

Article III – Registered Office and Registered Agent

The address of the initial registered office of the Company, and the initial registered agent of the Company at such office, shall be:

Initial Registered Agent	Initial Registered Office
L. Tyler Yonge	6987 East Fowler Avenue Tampa, Florida 33617

The Company shall have the right to change such registered office and such registered agent from time to time, as provided by law.

Article IV – Operating Agreement

The power to adopt the Operating Agreement of the Company, to alter, amend or repeal the Operating Agreement of the Company, or to adopt a new Operating Agreement, shall be vested in the members of the Company. The Operating Agreement of the Company shall be for the government of the Company and may contain any provisions or requirements for the management or conduct of the affairs and business of the Company, provided the same are not inconsistent with the provisions of these Articles or contrary to the laws of the State of Florida or of the United States of America.

Article V – Management of Business

Except for rights that are specifically reserved to the members in the Operating Agreement or these Articles, management of the Company shall be vested in its manager(s). Accordingly, the Company shall be a manager-managed company. Initially the Company shall have one manager. The number of managers of the Company and the number and titles of officers of the Company, as well as their respective rights and duties, may be established and changed, at any time and from time to time, subject to applicable law and the terms and provisions of the Company's Operating Agreement. The name and business address of the initial manager of the Company is as set forth below:

Name and Initial Position	Business Address
Sidharth Panchamia Manager	914 Anchorage Road Tampa, Florida 33602

Article VI – Amendment of Articles of Organization

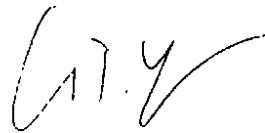
The Company reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred upon the members herein are subject to this reservation.

Article VII – Commencement and Continuance of Existence

The Company's existence shall commence on such date as determined by the Florida Department of State. Thereafter the Company's existence shall continue perpetually unless and until the Company is dissolved in accordance with law.

IN WITNESS WHEREOF, the undersigned has executed these Articles for the uses and purposes therein stated, pursuant to Section 605.0201, Florida Statutes, as authorized representative of a member of the Company.

EFFECTIVE the 1st day of January, 2022.



L. TYLER YONGE

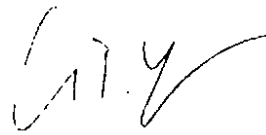
Authorized Representative of a Member

OMNI PAIN CARE, LLC

ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, having been named as registered agent to accept service of process for the above-named limited liability company, at the registered office designated in the Articles of Organization, hereby agrees and consents to act in that capacity. The undersigned is familiar with and accepts the duties and obligations of the position of registered agent under the laws of the State of Florida.

EFFECTIVE the 1st day of January, 2022.



L. TYLER YONGE