

L21000531782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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STATE
DIVISION OF REVENUE
21 NOV 12 AM 9:56

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Streamlined Business Licensing

October 19, 2021

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

Re: **Comprehensive Cancer Settings LLC**
RE Domestication of existing OH entity to FLORIDA-

To Whom It May Concern:

Enclosed please find a check for the amount of \$150.00, for **RE Domestication of existing OH entity to FLORIDA** for our client, **Comprehensive Cancer Settings LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the renewal application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
teamoak@licensealogix.com
(800) 292-0909

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Comprehensive Cancer Settings, 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:

Edwin Monterrosa

(Contact Person)

Comprehensive Cancer Settings, LLC

(Firm/Company)

9024 Canopy Oak Lane, #202

(Address)

Riverview, Florida 33578

(City, State and Zip Code)

info@ccsettings.com

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

For further information concerning this matter, please call:

Edwin Monterrosa at (856) 577-7847

(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

INHS11 (7/17)

SECRET
DIVISION OF
21 NOV 12 AM 9:56

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:
Comprehensive Cancer Settings, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Ohio
(Enter state, or if a non-U.S. entity, the name of the country)

on 02/03/2012
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Comprehensive Cancer Settings, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 10/15/2021
(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 18 day of October 2021)

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Edwin A. Monterrosa

Title: Owner/President

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

Signature: 

Printed Name: Edwin Monterrosa

Title: President/owner
authorized rep.

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 FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Comprehensive Cancer Settings, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:9024 Canopy Oak Lane, #202Riverview, Florida 33578**Mailing Address:**9024 Canopy Oak Lane, #202Riverview, Florida 33578**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Edwin A Monterrosa

Name

9024 Canopy Oak Lane #202Florida street address (P.O. Box **NOT** acceptable)Riverview

City

FL 33578

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)

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

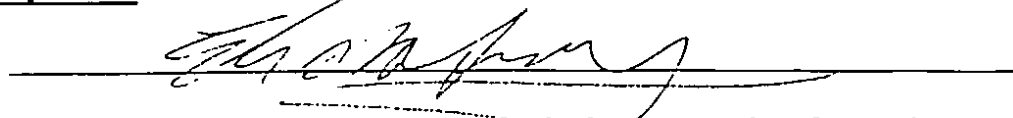
Name and Address:

Edwin A. Monterrosa

9024 Canopy Oak Lane, #202

Riverview, Florida 33578

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Edwin A. Monterrosa

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)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/10/2012	201204001399	ARTICLES OF ORGNZTN/DOM PROFIT LIM.LIAB CO. (LCP)	125 00	.00	00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

MCFADDEN WINNER SAVAGE & SEGERMAN, LLP
175 S 3RD ST
STE 350
COLUMBUS, OH 43215-5188

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2080889**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

COMPREHENSIVE CANCER SETTINGS, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

201204001399

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of February, A.D. 2012.

Ohio Secretary of State



Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)
ORC 1705

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)
ORC 1705

Name of limited liability company

Comprehensive Cancer Settings, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date

(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for

(Optional)

Period of Existence

Purpose

(Optional)

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Comprehensive Cancer Settings, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Edwin A. Monterrosa

Name of Agent

3952 Charter Oak Way

Mailing Address

Columbus

City

Ohio

State

43219

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

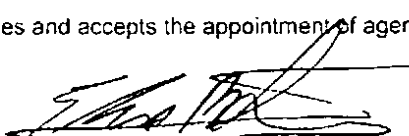
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Comprehensive Cancer Settings, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company



Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED
Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.



Signature

01/10/12

Date

Edwin A. Monterrosa

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)