L21000534753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/27/21-01301--012 **185.00



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COVER LETTER

TO: New Filing S Division of C					
	ntus RX, LLC				
SUBJECT:	(Name of Res	ulting	g Florida Limite	ed Con	npany)
The enclosed Article Business Entity" into	s of Conversion, Artic a "Florida Limited Li	les o abili	f Organizatio ty Company	on, an " in ac	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this	s matter to:		
John E. Ford, Jr.					
	(Contact Person)				
	(Firm/Company)				
14153 Mindello Drive					
	(Address)				
Fort Myers, FL 33905					
((City, State and Zip Code)				
john@eventusrx.com					
E-mail Address: (to b	e used for future annual re	oort n	otifications)		
For further information	on concerning this mat	ter, ¡	olease call:		
John E. Ford, Jr.		at (352	262-0	0003
(Name of Conta	ct Person)	((Area Code)	(Day	time Telephone Number)
	or the following amou a bank located in the			ocess	ed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status		180.00 Filing I Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add			_		Address:
New Filing So Division of C					Filing Section on of Corporations
P.O. Box 632					entre 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: Eventus RX, 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, et
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, et
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
March 10, 2017
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization
Eventus RX, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 12-29-202/ (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days afte 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.

\$5.00 (Optional)

Certificate of Status:

11. 1. 1. 1. 1. 339 1202

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y Company, "L.L.C" or "LLC.")			
incipal office of the Limited Liability Company is:			
Mailing Address: 11300 Lindbergh Blvd., Suite 107 Fort Myers, FL 33913			
egistered agent are:			
D. NOT.			
. Box NOT acceptable)			
FL 33905			
Zip			
o accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of accept mance of my duties, and I am familiar with and gistered agent as provided for in Chapter 605, F.S Hature (REQUIRED)			

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

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager					
MGR	John E. Ford, Jr. 14153 Mindello Drive				
	Fort Myers, FL 33905				
	<u> </u>				
	·				
(Use attachment if necessary)					
	t				
CLE V: Other provisions, if any.					
REQUIRED SIGNATURE:					
	ν				
Signature of a member or	an authorized representative of a member				
	with section 605.0203 (1) (b), Florida Statutes. I am aware t ment to the Department of State constitutes a third degree fel				
as provided for in s.817.155, F.S.	nonco me resputment of state constitutes a title degree for				
John E. Ford.					
Ty_1	ped 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)