L22000031079

	(Requestor's Name))
((Address)	
(Address)	
	City/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
((Business Entity Na	me)
(1	Document Number))
Certified Copies	Certificate:	s of Status
Special Instructions t	to Filing Officer:	_
<u> </u>		

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 Date: January 27, 2022 Name: GREG PINTACUDA 1579977 Reference #:____ Entity Name: CANCER TREATMENT CENTERS OF AMERICA GLOBAL, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement ∇ Conversion Merger Dissolution/Withdrawal Fictitous Name Apon filing provide certified copy ✓ Other Authorized Amount:

Signature:

+44 (0)20.3785.1090

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Cancer Treatment Centers of A	America Global, LLC	
(Name of R	Resulting Florida Limited Co	mpany)
The enclosed Articles of Conversion, Art Business Entity" into a "Florida Limited	-	nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all correspondence concern	ing this matter to:	
Kirstin Elzer, Paralegal		
(Contact Person)		
Katten Muchin Rosenman LLP		
(Firm/Company)		
525 W. Monroe Street, Suite 1900		
(Address)		
Chicago, IL 60661		
(City, State and Zip Code)	
kirstin.elzer@katten.com		
E-mail Address: (to be used for future annual	report notifications)	
For further information concerning this m	natter, please call:	
Kirstin Elzer	at (312)577	-8507
(Name of Contact Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check for the following amodollars and drawn on a bank located in the		ssed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$150.00 Filing Fees and Certificate of Status		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations	New	et Address: Filing Section sion of Corporations
P.O. Box 6327	The	Centre of Tallahassee
Tallahassee, FL 32314	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 <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: Cancer Treatment Centers of America Global, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation P14606043300
(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)
May 14, 2014 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Cancer Treatment Centers of America Global, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: January 31, 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.
5. 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.

Signe	d this <u>25</u>	day of January	20 22
<u>Signa</u>	ture of Autho	orized Representative of Lin	nited Liability Company:
		DocuSi	
Signa	ture of Author	rized Representative: Time H	LL F El ala igale
Printe	d Name: <u>Timot</u>	hy E. Flanigan F98A34	uy E. Flanian. SEGE 36 Little: Authorized Representative
			[See below for required signature(s)]
	DocuSigns	ed by:	•
Signat	ture: Timothu	E Flanigan	<u> </u>
Printe	d Name: Timet	hy _e E ₃ Flanigah	Title: Secretary
Signat	ture:		
Printe	d Name:		Title:
Signat	ture:		
Printe	d Name:	•	Title:
Signat	ure:	<u></u>	
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Printe	d Name:		Title:
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If Fla	rida Corporat	ion:	
		nn. Vice Chairman, Director, o	- Officer
orgnar B'Dies	ators or Office	m. Vice Chairman, Director, o	r Officer.
יווט ווי	ectors of Office	rs have not been selected, an I	ncorporator must sign.
16 (2)	.:J. C 11		
<u> </u>	rida General I	Partnership or Limited Liabi	hty Partnership:
Signai	ure of one Gen	erai Partner.	
<u>lf Floi</u>	rida Limited F	Partnership or Limited Liabi	lity Limited Partnership:
Signat	ures of <u>ALL</u> G	eneral Partners.	
All otl			
Signat	ure of an autho	rized person.	
ees.			
	Articles of C	onversion:	\$25.00
	Fees for Flor	ida Articles of Organization:	\$125.00
	Certified Cor	_	\$30.00 (Optional)
	Certificate of		· •
	Certificate 01	orarus.	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1. Name:

The name of the Limited Liability Company is:	
Cancer Treatment Centers of America Global, LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5901 Broken Sound Parkway NW Boca Raton, FL 33487	5901 Broken Sound Parkway NW Boca Raton, FL 33487
ARTICLE HI - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another.
The name and the Florida street address of the re-	
Cogency Global Inc. Name	
115 North Calhoun Street, Suit Florida street address (P.O.	e 4
Tallahassee	FL 32301
City	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)

ARTICLE IV-

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	
MBR	CTCA Global Founder Holdings, Inc.
	20 N. Martingale Road, Suite 180
	Schaumburg, IL 60173
	
(Use attachment if necessary)	
•	
CLE V: Other provisions, if any.	
DEALUDED CLANATURE	
REQUIRED SIGNATURE: OocuSigned by:	
,	
Timothy E. Flanigan.	
Signature of a member or o	n authorized representative of a second as
This document is executed in accordance v	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ent to the Department of State constitutes a third degree felo
This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S. Timothy E. Flanigan	vith section 605.0203 (1) (b), Florida Statutes. I am aware the ent to the Department of State constitutes a third degree felo
This document is executed in accordance vany false information submitted in a docum as provided for in s.817.155, F.S. Timothy E. Flanigan	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the ent to the Department of State constitutes a third degree felored or printed name of 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)