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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Corporations			
SUBJECT: OBDIAGNOSTICS, INC			
(Name of Res	sulting Florida Limi	ed Company)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	les of Organizati iability Company	on, and fees are submitted to convert a in accordance with s. 605.1045, F.S.	n "Other
Please return all correspondence concerning	g this matter to:		
TYLER ROBERTS			
(Contact Person)			
(Firm/Company)	<del> </del>		
5621 PACIFIC BLVD#3104			
(Address)			
BOCA RATON, FL. 33433			
(City, State and Zip Code)			
obdiagnosticsmobile@gmail.com			
E-mail Address: (to be used for future annual re	port notifications)		
For further information concerning this ma	tter, please call:		
LAURA	at ( <sup>561</sup>	)674-4334 (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amound dollars and drawn on a bank located in the S150.00 Filing Fees and Certificate of Status	United States)	Fees	e in US
of Organization)			::?
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	

TO: New Filing Section

#### **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: OBDIAGNOSTICS, 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
(Enter state, or if a non-U.S. entity, the name of the country)
11/09/2021
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
OBDIAGNOSTICS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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 21 day of MARCH	20
Signature of Authorized Representative of Lin	nited Liability Company:
	l. Blant
Signature of Authorized Representative:	4 mays
Printed Name: TYLER ROBERTS	Title: P
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: ////////////////////////////////////	
Signature: /////	mut. D
Printed Name: 14PL LUANIS	Titte: P.
Signature:	
Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title
rinted Name.	Title.
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Timed value.	
Signature:	
Signature: Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
Yerri () Company to the track the	the Denta coulding
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tty Partnersmp:
Digitalia of one denotal Latino.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion	\$25.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$30.00 (Ontional)
Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
OBDIAGNOSTICS, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5621 PACIFIC BLVD #3104	5621 PACIFIC BLVD #3104
BOCA RATON, FL. 33433	BOCA
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another  the registered agent are:
TYLER ROBERTS	
	Name
5621 PACIFIC BLVD #31	104
Florida street address	(P.O. Box NOT acceptable)
BOCA RATON	FL <sup>33433</sup>
City	Zip
Having been named as registered agent o	and to accept service of process for the above stated limite

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)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Р	TYLER ROBERTS
<del></del>	5621 PACIFIC BLVD #3104
	BOCA RATON, FL. 334333
<del></del>	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	an authorized representative of a member
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Signature of a member or	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or	e with section 605.0203 (1) (b), Florida Statutes. I am aware th
Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b), Florida Statutes. I am aware the imment to the Department of State constitutes a third degree felo
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