

L22 000263369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

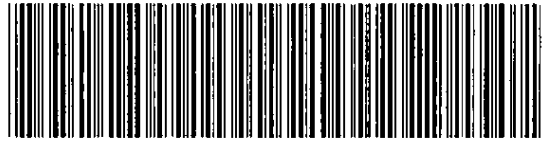
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 10 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 JUN 10 PM 1:30

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 06/10/2022

**\*\*WALK IN\*\***

ENTITY NAME AFFORDAHEALTH PAIN RELIEF CENTERS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$180

ACCOUNT #: I20160000072

*S. R. J. W.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

STATE OF FLORIDA  
ARTICLES OF CONVERSION  
FOR  
"OTHER BUSINESS ENTITY"  
INTO  
FLORIDA LIMITED LIABILITY COMPANY

**FILED**  
2022 JUN 10 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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:

**Affordahealth Pain Relief Centers, Inc.**

2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on April 30, 2006 (Document Number P06000045789).

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

**Affordahealth Pain Relief Centers, LLC.**

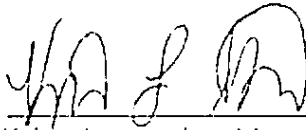
4. The conversion shall be effective upon filing with the Secretary of State.

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.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Conversion on June 3, 2022.

AFFORDAHEALTH PAIN RELIEF CENTERS, LLC

By:   
Krista L. Crawley, Manager

AFFORDAHEALTH PAIN RELIEF CENTERS, INC.

By: Consolidated Medical, LLC, its sole Director

By:   
Krista L. Crawley, Manager

**ARTICLES OF ORGANIZATION  
OF  
AFFORDAHEALTH PAIN RELIEF CENTERS, LLC**

**FILED**

**2022 JUN 10 PM 3:09**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is Affordahealth Pain Relief Centers, LLC (the "Company").

**ARTICLE II - ADDRESS**

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

8480 West S.R. 84  
Davie, FL 33324

**ARTICLE III - REGISTERED AGENT**

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

DFS Agent LLC  
1760 N. Jog Road, Ste. 150  
West Palm Beach, FL 33411

*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.*

DFS Agent LLC  
By: DiSalvo & Associates, PLLC

By:   
Scott DiSalvo, Authorized Agent

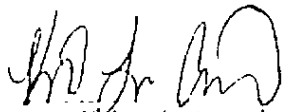
#### ARTICLE IV MANAGEMENT

The Company will be manager managed, and the managers may, but do not have to be members. The name and address of the initial authorized managers of the Company are:

Title _____	Name and Address _____
Manager	Krista L. Crawley 8480 West SR, 84 Davie, FL 33324

Dated: June 3, 2022

#### REQUIRED SIGNATURE



Krista L. Crawley, Manager

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**FILED**  
2022 JUN 10 PM 3:09  
STATE OF FLORIDA  
TALLAHASSEE, FL