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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

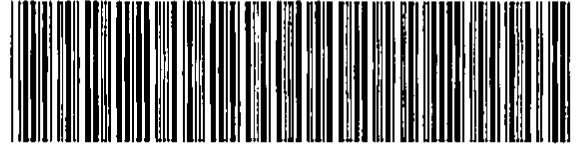
(Document Number)

Certified Copies _____

Certificates of Status _____

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07/06/22--01010--007 **150.00

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2022-07-06 PM 9:03

To: FL Secretary of State Corporation Division

**Please find one Articles of Conversion and New Articles in order to
domesticate:**

LUKARE MEDICAL, LLC

Please find enclosed a check for \$150 for the certificate of conversion and
the new articles of organization.

If there are any questions regarding this filing, please call Jessica Marschke
at 1-800-981-7183 ext. 1267618

Please return all completed documents to:

Business Filings Incorporated
Attn: Filing Department
8020 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department
Business Filings Incorporated

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:
LUKARE MEDICAL, LLC

(Enter Name of Other Business Entity)

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

First organized, formed or incorporated under the laws of New Jersey
on 3/20/2012
(date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)

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

LUKARE MEDICAL, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 1st day of July 2022

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Edwin B. Hernandez

Printed Name: Edwin B. Hernandez

Title: Member

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

Signature: Edwin B. Hernandez

Printed Name: Edwin B. Hernandez

Title: Member

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:

LUKARE MEDICAL, LLC

(Must end with 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:

280 Hunters Lake Way, Unit # 4202
Ponte vedra Beach, FL 32081

Mailing Address:

280 Hunters Lake Way, Unit # 4202
Ponte vedra Beach, FL 32081

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 B. Hernandez

Name

280 Hunters Lake Way, Unit # 4202

Florida street address (P.O. Box **NOT** acceptable)

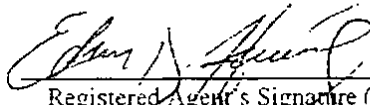
Ponte vedra Beach

City

FL 32081

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)

Edwin B. Hernandez

(CONTINUED)

ARTICLE IV:-

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

Title:

"AMBR" Authorized Member
"MGR" Manager
AMBR

Name and Address:

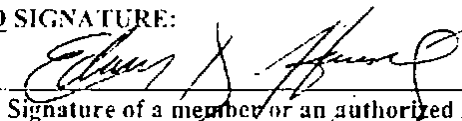
Edwin B. Hernandez
280 Hunters Lake Way, Unit # 4202
Ponte vedra Beach, Florida 32081

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Edwin B. Hernandez

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)