U22-000327173

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(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	<u>-</u>	





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COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: Randa Biopharma Solutions, LLC	С					
(Name of Re	sulting Florida Lim	ited Con	npany)	_		
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L					"Other	
Please return all correspondence concerning	ig this matter to:					
Laura Randa						
(Contact Person)		_				
Randa Biopharma Solutions, LLC						
(Firm/Company)		_			2022	
1121 Morningside Place					ے	
(Address)		_		?:=:	1022 JUL - I	
Sarasoata, FL 34236						
(City, State and Zip Code)				- to	AH 8: 52	Ĺ
lauraranda3@gmail.com					င္မာ	1.
E-mail Address: (to be used for future annual re	eport notifications)	_		<u>-:.::</u>	52	
For further information concerning this ma	atter, please call	:				
Laura Randa	at (⁶¹²)237-	5896			
(Name of Contact Person)		e) (Day	ytime Telephone Number)	_		
Enclosed is a check for the following amodollars and drawn on a bank located in the		proces	sed by this office must	be payable	in US	
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing Fees and Certificate of Status	□\$180.00 Filin and Certified Ce		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New Divis The C	t Address: Filing Section ion of Corporations Jentre of Tallahassec N. Monroe Street, Suite hassee, FL 32303	e 810		

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: Randa Biopharma Solutions, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
09-feb-2021
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Randa Biopharma Solutions, ŁLC
(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.

ALL SHOW JOHN TO THE STANK THE STANK

Signed this day of	20.2
Signature of Authorized Representative of Limit	ed Diability Company:
Signature of Authorized Representative: 1011	Title: - Dicocdant
Signature(s) on behalf of Other Business Entity: [3	See below for required signature(s)]
Signature: Laure Tel	
Printed Name: Laura Randa	Title: President
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Clanatura	
Signature: Printed Name:	Title:
Signature.	
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	iy Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Randa Biopharma Solutions LLC		
	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
1121 Morningside Place	1121 Morningside Place	
Sarasota FL 34236	Sarasota FL 34236	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Laura Randa	f the registered agent are:	
	Name	
1121 Morningside Place	e	
Florida street addres:	s (P.O. Box <u>NOT</u> acceptable)	
Sarasota	FL 34236	
City	Zip	
	ated in this certificate, I hereby acc capacity. I further agree to compl plete performance of my duties, at	cept the appointment as ly with the provisions of all nd I am familiar with and

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR/MGR	Laura Randa
AMBIONION	1121 Morningside Place
	Sarasota FL 34236
	202
	2022 JUL
(Use attachment if necessary)	
(Use attachment if necessary)	
	한 한 한
CLE V: Other provisions, if any.	0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
REQUIRED SIGNATURE	
Tor erallo	
Steeling (Cin	
Simular of a member or	an authorized representative of a member
This document is executed in accordance	e with section 605,0203 (4) (b), Florida Statutes, I am aware that
any false information silbmitted in a doct as provided for in s.817.155, F.S.	ament to the Department of State constitutes a third degree felony
Laura E Randa	
7	yped or printed name of signee

ARTICLE IV-