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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

#### **COVER LETTER**

Division of Corporations				
SUBJECT: Dade Internal Medicine and Asso	ociates, LLC			
(Name of Res	ulting Florida Li	mited Con	npany)	
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organiza ability Compa	ation, an my" in ac	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.	
Please return all correspondence concerning	g this matter to	);		
Richard J. Delgado, Esq.				
(Contact Person)				
Delgado & Delgado, P.A.				
(Firm/Company)				
18590 NW 67 Avenue, Suite 230				
(Address)				
Hialeah, FL 33015				
(City, State and Zip Code)				
rjdlaw1@gmail.com				
E-mail Address: (to be used for future annual re	port notifications	5)		
For further information concerning this ma	tter, please cal	l:		
Richard J. Delgado, esq.	at (	, 363-	4200	
(Name of Contact Person)		de) (Day	time Telephone Number)	
Enclosed is a check for the following amou dollars and drawn on a bank located in the			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	S180.00 Fill and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Address:		<u>Stree</u>	t Address:	
New Filing Section		New	Filing Section	
Division of Corporations			Division of Corporations	
P.O. Box 6327		The C	Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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.

The name of the "Other Business Entity" immediately prior to the filing of the Dade Internal Medicine and Associates, LLC      The name of the "Other Business Entity" immediately prior to the filing of the Dade Internal Medicine and Associates, LLC      The name of the "Other Business Entity" immediately prior to the filing of the Dade Internal Medicine and Associates, LLC	<u> </u>
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnershi	ip, 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)
June 1, 2021 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attach	ned Articles of Organization:
Dade Internal Medicine and Associates, LLC	
(Enter Name of Florida Limited Liability Company)	<del></del> '
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 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	•
document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable st	tatutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any members having which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.</li> </ol>	g appraisal rights the amount to S.
	<b>202</b>
	ZOZZ JUL 28  CASLE AND FRANCE OIVISION OF CC TALLAHASSE
	AHERE -
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	E SESSION TO THE

Signed this 27 day of July	20 7.2.
Signature of Authorized Representative of Lim	ited Liability Company:
and the second s	
Signature of Authorized Representative	The Authority of Many Is
Printed Name: Luis Perez	Title: Authorized Member
Signature(s) on behalf of Other, Business Entity:	[See below for required signature(s)]
Signature	
Printed Name: Luis Perez	Title: President
Signature:	
Print d Name: Luis A. Cabrera Haber	Title: Vice President
. // /	
Signature: /	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	0.19
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
10 C)	
If Florida General Partnership or Limited Liabili	ty Partnersmp:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
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)
Centificate of Status.	ээ.σο (Optional)

## ARTICLES OF ORGANIZATION OF

#### DADE INTERNAL MEDICINE AND ASSOCIATES, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

#### ARTICLE 1 - NAME

The name of the limited liability company shall be **DADE INTERNAL MEDICINE AND ASSOCIATES, LLC** ("Company").

#### **ARTICLE 2 - ADDRESS**

The principal place of business of the Company in Florida shall be 1801 NE 123 Street, Suite 417, North Miami, Florida 33181 and the mailing address shall be the same.

#### ARTICLE 3 - EFFECTIVE DATE

These Articles of Organization shall be effective immediately upon an included and of the secretary of State, State of Florida.

## shall be effective immediately upon approval effice.

#### ARTICLE 4 - DURATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated (i) in accordance with the Company's Operating Agreement, or (ii) by the written agreement of a majority of ownership interest.

#### ARTICLE 5 - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

#### ARTICLE 6 - REGISTERED OFFICE AND REGISTERED AGENT

The Company designates 1801 NE 123 Street, Suite 417, North Miami, Florida 33181 as the street address of the initial registered office of the Company and names Luis Perez as the Company's initial registered agent at that address to accept service of process within this state.

#### ARTICLE 7 - ADMISSION OF NEW MEMBERS

No additional member(s) shall be admitted to the Company except with the unanimous written consent of all the member(s) of the Company and upon such terms and conditions as shall be determined by all the member(s).

#### ARTICLE 8 - MANAGEMENT

The Company shall be conducted, carried on, and managed by its Member(s) and is, therefore, a Member-Managed Company.

#### ARTICLE 9 - OPERATING AGREEMENT

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members of the Company in the manner set forth in the Operating Agreement of the Company, if any.

Luis Perez
Authorized Representative of the Members

### ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF ORGANIZATION

The undersigned agrees to act as registered agent for Dade Internal Medicine and Associates, LLC to accept services of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this \_\_\_\_\_ day of May, 2022.

June

Lose Parez