L22000525600

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| ertified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | , |
| | | |
| | | ļ |
| | | |
| | | |

Office Use Only



000398135060

12/09/22--01006--014 **185.00

2022 DEC -9 PH 4: 31

D. O'KEEFE DEC 16 2022

COVER LETTER

| TO: New Filing S Division of C | | | |
|--|---|---|---|
| SUBJECT: | My 1st Peel | 63D4D U | Hrasound, UC. |
| | (Name of Res | ulting Florida Limited | Company) |
| | | _ | a, and fees are submitted to convert an "Other in accordance with s. 605.1045, F.S. |
| Please return all corr | respondence concerning | g this matter to: | |
| Roxanne | Djevali kiar (Contact Person) Peek 30 40 WH (Firm/Company) | <u> </u> | |
| Mylsti | Peek 3040 WH | rasound, LLC | . • |
| | (Firm/Company) | | |
| 8701 Su | nnerville Pla (Address) | ce | |
| Orlando | ,FL 32819 | | |
| (| City, State and Zip Code) | | |
| 10-fo@ | my1stpeek3d | 4d.com | |
| E-mail Address: (to t | be used for future annual re | port notifications) | |
| For further informati | ion concerning this ma | tter, please call: | |
| Boxanne D | jevalikian | at (603) | (Daytime Telephone Number) |
| (Name of Cont | act Person) | (Area Code) | (Daytime Telephone Number) |
| | for the following amound a bank located in the | · | seessed 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 Filing Fe and Certified Copy | ces 195185.00 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Add New Filing S | Section | N | treet Address: ew Filing Section |
| Division of C | Lorporations | D | ivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: HY1ST Peek 3D4D Ultrasound (Enter Name of Other Business Entity) |
|--|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a <u>limited liability company</u> (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 Hampshire (Enter state, or if a non-U.S. entity, the name of the country) |
| on 3/2017 (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: 12-03-202. (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 28th day of November 20 22. |
|---|
| Signature of Authorized Representative of Limited Liability Company: |
| Signature of Authorized Representative: Royanne Djevalikian Title: Owner, CEO |
| Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] |
| Signature: Referre Diwalking Printed Name: Roxanne Diwalikian Title: Manager |
| |
| Signature: Title: |
| Signature: Title: |
| |
| Signature: |
| |
| Signature: Printed Name: Title: |
| Signature: 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:

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Signatures of ALL General Partners.

Signature of an authorized person.

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

All others:

Fees:

2022 DEC -9 PM 4: 32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | | | | |
|--|---|--|--------------------------------------|---|---|---|
| My 1S+ Peek 3D4D (Must contain the words "Limited Liability | ultr | asound, | LLC. | | | |
| (Must contain the words "Limited Liability | Company, | "L.L.C.," or "LLC | `.") | | | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal of | ffice of the Li | mited Liabi | lity Co | ompany | z is: |
| Principal Office Address: | Mailin | g Address: | | | | |
| 3276 John Young Parkway # 130 Kissimmer, FL 34741 | 87 | Ol Sumn Tando, Fl | erville T - 32819 | <u> </u> | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | | | | | | |
| The name and the Florida street address of the re- | egistered | agent are: | | | | |
| Zoranne Djeve Name | بادلان | <u>a</u> | | | | |
| 8701 Summervi | lle Pl | w | | | | |
| Florida street address (P.O. | | |) | | | |
| <u>Orlando</u> City | FL | 32819 | _ | | | |
| City | | Zip | | | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg | this certi ity. I furti performan | ficate, I hereb her agree to c ace of my dutie | y accept the omply with its and I am | appoii the pro f <mark>am</mark> ilia | ntment visions ur with 505, F. | as of all and |
| Registered Agent's Sign | Jual ature (RI | Han EQUIRED) | | Min Aire Seri | 2022 DEC -9 | • |
| (CONTIN | UED) | | | р Да Та | PH 4: 32 | |

ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager | |
|---|---|
| AMBR | Roxanne Djevalikian |
| MGR | 8701 Summerville Place |
| | Orlando, FL 32819 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | <u></u> |
| | |
| | [n] 10 |
| Use attachment if necessary) | (A) (A) |
| | · · |
| LE V: Other provisions, if any. | -: |
| | <u> </u> |
| | |
| | <u> </u> |
| REQUIRED SIGNATURE: | |
| <u> </u> | |
| | |
| - Herren | - Commence |
| Signature of a member of | V |
| Signature of a member of This document is executed in accordance | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am awar |
| Signature of a member of This document is executed in accordance any false information submitted in a doc | r an authorized representative of a member |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes, I am award ument to the Department of State constitutes a third degree |
| Signature of a member of This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. | r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am awar |

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

OF

MY 1ST PEEK 3D/4D ULTRASOUND LLC

This is to certify that MY 1ST PEEK 3D/4D ULTRASOUND LLC is registered in this office as a New Hampshire Limited Liability Company to transact business in New Hampshire on 3/31/2017 3:31:00 PM.

Business ID: 767375

2022 DEC -9 PH 4: 32

IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 31st day of March A.D. 2017.

> William M. Gardner Secretary of State