

L23000292665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

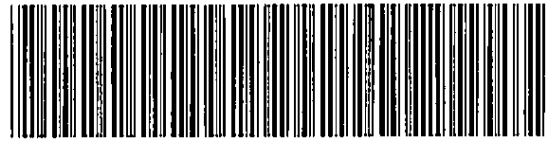
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000073876

Office Use Only



400408011084

05/03/23--0.023--002 **150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAY -8 PM 9:07

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2023

ARMANDO J DIAZ II
13514 SW 111 TER
MIAMI, FL 33186 US

SUBJECT: SOUTH MIAMI THERAPEUTICS LLC
Ref. Number: W23000073876

RECEIVED
2023 JUN 19 PM 12:23
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for SOUTH MIAMI THERAPEUTICS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated the registered agent.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 923A00011776

23 MAY -8 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:
SOUTH MIAMI THERAPEUTICS LLC

(Enter Name of Other Business Entity)

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

First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 24, 2023
(date of organization, formation or incorporation)

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

(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.

RECEIVED
TALLAHASSEE
MAY - 8 PM
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH MIAMI THERAPEUTICS LLC

(Must contain 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:

13514 SW 111 TER MIAMI, FL 33186

Mailing Address:

13514 SW 111 TER MIAMI, FL 33186

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:

ARMANDO J. DIAZ II

Name

13514 SW 111 TER

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

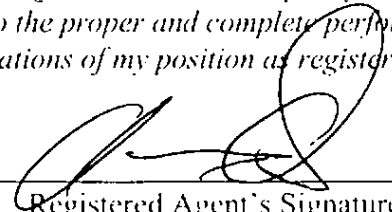
MIAMI

City

FL 33186

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)

(CONTINUED)

FILED
23 MAY - 8 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA