L23000539245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

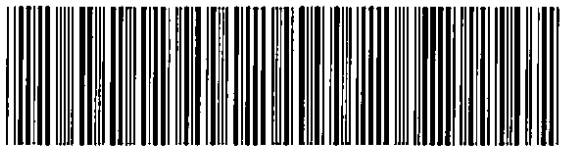
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 NOV 29 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

FILED
2023 NOV 29 PM 4:41
OF STATE
TALLAHASSEE, FL

TO: New Filing Section
Division of Corporations

SUBJECT: JC Medical Device Consulting, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

John Castellano Sr.
(Contact Person)

JC Medical Device Consulting, LLC
(Firm/Company)

10644 Pelican Preserve Blvd Unit 202
(Address)

Fort Myers FL 33913
(City, State and Zip Code)

john.castellano11044@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

John Castellano Sr at (763) 370-8269
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- ☐ $150.00 Filing Fees ($25 for Conversion & $125 for Articles of Organization)
- ☒ $155.00 Filing Fees and Certificate of Status
- ☐ $180.00 Filing Fees and Certified Copy
- ☐ $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

Street Address:
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Y OF STATE
LAHASSEE, FL

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:
JC Medical Device Consulting, 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 Minnesota
(Enter state, or if a non-U.S. entity, the name of the country)

on 8/24/2021.
(date of organization, formation or incorporation)

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

JC Medical Device Consulting, LLC.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 1 Jan 2024.
(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 1ST day of November 2023.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: John M Castellano Sr
Printed Name: John M. Castellano Sr. Title: Manager / Owner

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

Signature: John M. Castellano Sr.
Printed Name: John M Castellano Sr. Title: Manager/Owner/General Partner

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

FILED

ARTICLE I - Name:
The name of the Limited Liability Company is: 2023 NOV 29 PM 4:41

SECRETARY OF STATE
JC Medical Device Consulting, LLC TALLAHASSEE, FL
(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:	**Mailing Address:**
10644 Relican Preserve Blvd Unit 202 Fort Myers FL 33913	Same

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:

John Castellano Sr.
Name

10644 Relican Preserve Blvd Unit 202
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33913
City 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..

John Castellano Sr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	John M. Castellano Sr. 10644 Pelican Preserve Blvd - Unit 202 Fort Myers FL 33913

(Use attachment if necessary)

NOTE: Single Person LLC

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

John M. Castellano SR

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John M. Castellano SR

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)**