# LA3000560429

(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



400419581054

Antible"

2023 DEC 22 NH 8: 38

RECEIVED



#### FLORIDA FILING & SEARCH SERVICES, INC.

#### P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/22/2023

NAME: ENPOWER HEALTH, LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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 an "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: **cNPower Health, Inc.**
- 2. The "Other Business Entity" is a **corporation**, first organized, formed or incorporated under the laws of **Florida** on **October 11**, **2021**, and assigned Florida Document No. P21000088240.
- 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is cNPower Health, LLC.
  - 4. The conversion shall become effective on January 1, 2024 at 8:00 am EST (the "Effective Date").
  - 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 605.1061-6016.0172, F.S.

Signed this 21st day of December, 2023.

Florida Limited Liability Company:

eNPower Health, LLC		
By: Susan Baumgartner		_
Name: Susan Baumgartner		_
Title: Authorized Representative		_
	-,	٠. ٦
Other Business Entity:	* *	
	:-	
eNPower Health, Inc.	i	
DocuSigned by:		
By: Susan Baumgartner	•	
Name: Susan Baumgartner		_ _ :
Title: Authorized Representative	- ,	_ ·
	: -:	<u>ن</u>

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is:

eNPower Health, LLC

#### ARTICLE II – Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

701 Corporate Center Drive, Suite 250 Raleigh, NC 27607

#### ARTICLE III - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

701 Corporate Center Drive, Suite 250 Raleigh, NC 27607

#### ARTICLE IV - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be David Dizney.

#### ARTICLE V - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

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, Florida Statutes.

Paracorp Incorporated

By: L. Hurura

Leticia Herrera, Assistant Secretary

#### ARTICLE VI - Effective Date

The future effective date and time of organization of this limited liability company shall be January 1, 2024 at 8:00 am EST.

Signature of a member or an authorized representative of a member.

Susan Baumgartner, Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, Florida Statutes)

