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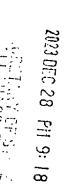
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	New Filing So Division of Co						
SUBJ	ECT:	Chen Medical Mia	ımi La	kes, LI	LC_		<u></u>
		(Name of Res	ulting F	lorida L	imite	d Com	pany)
The e Busin	nclosed Articles ess Entity" into	s of Conversion, Articl a "Florida Limited Li	les of (ability	Organiz Comp	zatio any"	n, and `in ac	I fees are submitted to convert an "Othe cordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g this i	natter t	o:		
	Yvette Ber	ens					
		(Contact Person)	-	-			
	ChenMed, I	LLC					
	,	(Firm/Company)					
	1395 NW 1	67th St					
	13931411	(Address)					
		PI 22170					
		lens, FL 33169 City, State and Zip Code)					
		,					
	Legalnotices@ch	enmed.com e used for future annual re	nort not	ification	e)		
15-1	nati Address. (to 0	e gica for factic annual re	port no		.,,		
For fi	irther information	on concerning this ma	tter, pl	ease ca	ill:		
	Yvette Berens		at (305	}	628-	6117
	(Name of Conta	ict Person)			ode)	(Dayt	ime Telephone Number)
		or the following amou a bank located in the				ocess	ed by this office must be payable in US
∑ 25 fi € \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		80.00 Fi Certified	_		☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, 1	ection forporations 7			; ; ;	New F Division The C 2415 M	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

For "Other Business Entity" Into

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.

	(Enter Name of Other Business Entity)
2. T	The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First	t organized, formed or incorporated under the laws ofFlorida
	(Enter state, or if a non-U.S. entity, the name of the country)
on	6/23/2005 .
(date of organization, formation or incorporation)
3. T	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	Chen Medical Miami Lakes, LLC
	(Enter Name of Florida Limited Liability Company)
4. I	f not effective on the date of filing, enter the effective date: 12/31/2023
(The the Note	e effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after date this document is filed by the Florida Department of State.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	he 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 _		day of _	December	20	
Signature of	`Authoriz	zed Repi	resentative of Lin	nited Liability Company:	
Signature of	Authorize Adrian	ed Repre Garcia	sentative: Adv	Title: Authorized Representativ	e of the MGR
<u>Signature(s)</u>	on <u>behalf</u>	of Othe	r Business Entity:	See below for required signature(s)]
Signature:	Mary Ulu	ih		Title: Vice President	
Printed Name	:Mary	Chen		Title: Vice President	
Signature: Printed Name	· ·			Title:	
Signature:					
Printed Name	::			Title:	
Signature: Printed Name	<u> </u>			Title:	
Signature:					
Printed Name	2:			Title:	<u></u>
Signature:					70%
Printed Name	D:			Title:	
	Chairman,	Vice Ch	airman. Director, o been selected, an I	r Officer. ncorporator must sign.	28 PH
	eneral Pai	rtners <u>hi</u> j	or Limited Liabi	•	9: 18
If Florida Li Signatures of				lity Limited Partnership:	
All others: Signature of a	an authori:	zed perso	n.		
Fees:					
Fees Certi	les of Cor for Florid fied Copy	a Article :	s of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	dical Miami Lakes, LLC	ability Company, "L.L.C.," or "LLC.")	
(1sta	at contain the world islanted by	and the state of t	
ARTICLE II - Ad			
The mailing addres	ss and street address of th	e principal office of the Limited	Liability Compa
Principal Office A	Address:	Mailing Address:	
1395 NW 167th	ı St	1395 NW 167th St	
Miami Gardens	e EL 22160		
		Miami Gardens, FL 33	
ARTICLE III - R (The Limited Liability Co	egistered Agent, Regist	ered Office, & Registered Agen Registered Agent. You must designate an inc	it's Signature:
ARTICLE III - R (The Limited Liability Co business entity with an a	egistered Agent, Registonipany cannot serve as its own F	ered Office, & Registered Agen Registered Agent. You must designate an inc	t's Signature:
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registompany cannot serve as its own Factive Florida registration.)	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are:	t's Signature:
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registompany cannot serve as its own Factive Florida registration.) Florida street address of t	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are:	t's Signature:
ARTICLE III - R (The Limited Liability Co business entity with an a	egistered Agent, Registompany cannot serve as its own Factive Florida registration.) Florida street address of t	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are: The Company	of's Signature: dividual or another 2023 DEC 28
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered Serve as its own Factive Florida registration.) Florida street address of to Corporation Service No. 1201 Hays St	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are: The Company	of's Signature: dividual or another 2023 DEC 28
ARTICLE III - R (The Limited Liability Co- business entity with an a	egistered Agent, Registered Agent, Registered Agent, Registered Serve as its own Factive Florida registration.) Florida street address of to Corporation Service No. 1201 Hays St	ered Office, & Registered Agen Registered Agent. You must designate an inc the registered agent are: The Company Tame	t's Signature:

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.

Dawn McDevitt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Mary Chen 1395 NW 167th St Miami Gardens, FL 33169 Chen Neighborhood Medical Centers of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169 Inccessary) Sions, if any.	<u>Title:</u>	Name and Address:
Mary Chen 1395 NW 167th St Miami Gardens, FL 33169 Chen Neighborhood Medical Centers of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169 The state of the state	"AMBR" = Authorized Member	
1395 NW 167th St Miami Gardens, FL 33169 Chen Neighborhood Medical Centers of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169 Inecessary) Sions, if any.	"MGR" = Manager MGR	Mary Chen
Chen Neighborhood Medical Centers of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169 The St of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169 The St of South Florida, LLC 1395 NW 167th St Miami Gardens, FL 33169	WOK	· · · · · · · · · · · · · · · · · · ·
necessary) 1395 NW 167th St Miami Gardens, FL 33169 PH 28 PH 99		Miami Gardens, FL 33169
necessary) PH 9: 18 Sions. if any.	MBR	Chen Neighborhood Medical Centers of South Florida, LLC
necessary) PEG 28 PH 9: 18 sions, if any.		1395 NW 167th St Miami Gardens, FL 33169
inecessary) Sions. if any.		Trial Gardenia 113 55 (6)
inecessary) Sions. if any.		
inecessary) Sions. if any.		4. C.
inecessary) Sions. if any.		
sions, if any.		——————————————————————————————————————
sions, if any.	(Use attachment if necessary)	
sions, if any.	(Ose attachment if necessary)	
sions. if any.		·
NATURE:	LE V: Other provisions, if any.	~
NATURE:		
NATURE:		
NATURE:	DECLINED CLONATURE	
	REQUIRED SIGNATURE:	
	Mary Chen	
	, - ·	
e 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 t
xecuted in accordance with section $605.020\overline{3}$ (1) (b), Florida Statutes. I am aware the submitted in a document to the Department of State constitutes a third degree felority.	Mary Ch	ien, Manager
xecuted in accordance with section $605.020\overline{3}$ (1) (b), Florida Statutes. I am aware the submitted in a document to the Department of State constitutes a third degree felo	Tr	
executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the submitted in a document to the Department of State constitutes a third degree felo817.155, F.S.	1 Yi	bed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)