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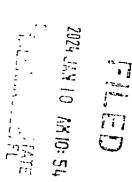
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Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Hubbell Medtech Solutions,	LLC		
	of Resulting Florida Limited	Company)	
The enclosed Articles of Conversion, A Business Entity" into a "Florida Limite	<del>-</del>		
Please return all correspondence conce	erning this matter to:		
Randolph Hubbell			
(Contact Person)			
Hubbell Medtech Solutions			
(Firm/Company)			
3292 Spruce Drive			
(Address)			
Doylestown, PA 18902			
(City. State and Zip Co	ode)		
randolphhubbell@hubbellmedtech.com			
E-mail Address: (to be used for future annu-	ual report notifications)		
For further information concerning this	s matter, please call:		
Randolph Hubbell	at ( <u>215</u> )	888-6196	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following a dollars and drawn on a bank located in		cessed by this office mus	. ,
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing F and Certificate of Status	ees S180.00 Filing Fo	Certified Copy, and Certificate of Status	2024 J.N. 10
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D Ti 24	ew Filing Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Sui allahassee, FL 32303	ite 810

# **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: Hubbell Medtech Solutions
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Limited Liability 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
(Enter state, or if a non-U.S. entity, the name of the country)
11/28/2014
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Hubbell Medtech Solutions
(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.



Signed this 3rd day of January	_ 20 <u>24</u>
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Volume: Randolph Hubbell	Symm Title: CEO
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature: Pendoy Hubbell  Printed Name: Randolph Hubbell	
Printed Name: Randolph Hubbell	Title: CEO
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
<u>Fees:</u>	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Hubbell Medtech Solutions Limited Liability Company	
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	

#### **ARTICLE II - Address:**

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

	<del></del>
8394 E. County 30A, Unit 9-A	1824 Brockenbraugh Street
Inlet Beach	Metairie, LA
FL 32461	70005

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:

Randolph Hubbell	
Name	
8394 E. County 30a, Unit 9-A	
Florida street address (P.O.	Box NOT acceptable)
Inlet Beach	FL 32461
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

•

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

HARATSON A JUST 1 KA 1	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager CEO	Randolph Hubbell
CEO	8394 E. County 30A, Unit 9A
	Inlet Beach, FL 32461
	inict Beden, i E 62401
	·
(Use attachment if necessary)	
(Use attachment if necessary) <b>LE V:</b> Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:	H.M.W.
LE V: Other provisions, if any.	H.M.
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda	nce with section 605.0203 (1) (b), Florida Statutes. I am aware tl
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda any false information submitted in a deas provided for in s.817.155, F.S.  Randolph W. Hubbell	nce with section 605.0203 (1) (b). Florida Statutes. I am aware the cument to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE:  Signature of a member This document is executed in accorda any false information submitted in a deas provided for in s.817.155, F.S.  Randolph W. Hubbell	nce with section 605.0203 (1) (b), Florida Statutes. I am aware th

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