L24000203941

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W24000001288	

Office Use Only



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4-70-4

2024 APR 30 PH IZ: 06

April 10, 2024

FERNANDO A. UBIDIA 2900 N HWY A1A, APT 8A HUTCHINSON ISLAND, FL 34949 US

SUBJECT: PULSAR SCIENTIFIC, LLC

Ref. Number: W24000057288

We have received your document for PULSAR SCIENTIFIC, LLC and check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

See highlighted portion.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

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

Tekayla T Matthews Regulatory Specialist II

Letter Number: 824A00007750

COVER LETTER

TO: No	ew Filing Section Evision of Corpo	on orations			
~~: n TT (PULSAR	SCIENTIFIC, LLC			
SUBJEC	.1:	(Name of Resulti	ng Florida Limited	Compan	у)
Business	Entity" into a	Conversion, Articles Florida Limited Liab ondence concerning t		, and fe in acco	ees are submitted to convert an "Other rdance with s. 605.1045, F.S.
1 (0430 10	-				
FERNAN	IDO A. UBIDIA				
		(Contact Person)			
PULSAR	SCIENTIFIC, LI	.C			
		(Firm/Company)			
2900 N I	HIGHWAY A1A;	APT 8A			
		(Address)			
HUTCH	INSON ISLAND,	FL 34949			
	(Ci	ty, State and Zip Code)			
fernand	o@pulsarscientif	ic.com			
E-ma	ail Address: (to be	used for future annual rep	ort notifications)		
For fur	ther information	n concerning this mat	ter, please call:		
FERNA	NDO UBIDIA		at ()_883-1	
	Ol-ma of Contac	t Person)			ime Telephone Number)
Enclos dollars	ation oback fo	or the following amou a bank located in the	int: (All checks p United States)	rocess	ed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees r Conversion i for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Co	g Fees py	■\$185.00 Filing Fees, Certified Copy, and Certificate of Status
_	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee,	ection Corporations 27		New Divis	Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

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: PULSAR SCIENTIFIC, LLC
(Enter Name of Other Business Entity)
LIMITED LIABILITY COMPANY (LLC)
2. The "Other Business Entity" is a
MASSACHISETTS
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
JUNE 14, 2011
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PULSAR SCIENTIFIC, 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.

Signed this 15	day of MARCH	20_24
Signature of Autho	rized Representative of Limit	ed Liability Company:
Signature of Authori Printed Name: FERNA	ized Representative:	Ubidia _ Title: PRESIDENT
		See below for required signature(s)]
Signature: FERN	Ubidia IANDO A. UBIDIA	Title: PRESIDENT
Signature: Printed Name:		_ Title:
Signature:		
Signature: Printed Name:		
Signature: Printed Name:		Title:
Signature:		Title:
If Florida Corpora Signature of Chairm If Directors or Office	tion: nan, Vice Chairman, Director, or ers have not been selected, an In	Officer. corporator must sign.
If Florida General Signature of one Ge	Partnership or Limited Liabili eneral Partner.	ty Partnership:
If Florida Limited Signatures of ALL	<u>Partnership or Limited Liabili</u> General Partners.	ty Limited Partnership:
All others: Signature of an aut	horized person.	
Fees:		
Fees for Fl Certified (Conversion: lorida Articles of Organization: Copy: c of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PULSAR SCIENTIFIC, (Must contain the words "Limited Liability	
(Must contain the words Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Deinsing Office Address	N#-215 A 4 do
Principal Office Address:	Mailing Address:
2900 N HIGHWAY A1A; APT 8A	8 STONY BROOK ST
HUTCHINSON ISLAND	LUDLOW
FLORIDA 34949	MASSACHUSETTS 01056
A DOMESTIC AND A SECOND A SECOND AND A SECOND ASSECTION ASSEC	0.00
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	
business entity with an active Florida registration.)	3
The name and the Florida street address of the re	egistered agent are:
FERNANDO A. UBIDIA	
Name	
2900 N HIGHWAY A1A; APT	8A
Florida street address (P.O.	
HUTCHINSON ISLAND	FL ³⁴⁹⁴⁹
City	Zip
City	Σίμ
Having been named as registered agent and to	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
registered agent and agree to act in this capac	ity. I further agree to comply with the provisions of a
statutes relating to the proper and complete p	performance of my duties, and I am familiar with conditions of the second as a provided for in Chapter 605
accept the obligations of my position as reg	ristered agent as provided for in Chapter 605, F.S.
Tall	ASS
FAUb.	
Registered Agent's Sign	nature (REQUIRED)
	## ## ## ## ## ## ## ## ## ## ## ## ##
(CONTIN	ued)

A	R	T	10	I.	Ε	I	V	_
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Γitle:</u>	
'AMBR" = Authorized Member	
'MGR" = Manager	FERNANDO A. UBIDIA
MGR	2900 N HIGHWAY A1A; APT 8A
	HUTCHINSON ISLAND, FL 34949
	HUTCHINSON ISLAND, FE 34343
MGR	PAMELA UBIDIA
	2900 N HIGHWAY A1A; APT 8A
	HUTCHINSON ISLAND, FL 34949
1100	MICHAEL WILFORD
MGR	1107 W MONROE
	CHICAGO, IL 60607
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
`	T-AUbidia
REQUIRED SIGNATURE: Signature of a member This document is executed in accordance false information submitted in a condition.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware the document to the Department of State constitutes a third degree felor
REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware the document to the Department of State constitutes a third degree felor
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REQUIRED SIGNATURE: Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S. FERN	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware the document to the Department of State constitutes a third degree felorianness.