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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of C | corporations | | | | | |
|--|---|--|--|---------------|--|--|
| SHIP TECT. Parker Bi | opharmaceutical Consultin | g LLC | | | | |
| 30b3EC1 | | sulting Florida Limited Cor | npany) | | | |
| | | | nd fees are submitted to co coordance with s. 605.104 | | | |
| Please return all corre | espondence concernin | g this matter to: | | | | |
| Nathan Parker | | | | | | |
| | (Contact Person) | | | | | |
| Parker Biopharmaceutica | al Consulting LLC | | | | | |
| | (Firm/Company) | | | | | |
| 11508 Golden Willow Co | ourt | | | | | |
| | (Address) | | | | | |
| Zionsville, IN 46077 | | | | | | |
| ((| City, State and Zip Code) | | | | | |
| consulting@parkerbioph | аппа.com | | | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | | | | |
| For further informati | on concerning this ma | tter, please call: | | | | |
| Nathan Parker | | _at (812)327- | 3927 | | | |
| (Name of Conta | ict Person) | (Area Code) (Day | ytime Telephone Number) | | | |
| | for the following amou a bank located in the | | sed by this office must be | payable in US | | |
| \$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 | | | |
| STREET ADDRES | S: | MAILING A | ADDRESS: | 2 | | |
| Registration Section | | Registration | | 024 | | |
| Division of Corporations | | Division of C | 2024 MAY 21 | | | |
| Clifton Building 2661 Executive Cent | er Circle | P. O. Box 6327 Tallahassee, FL 32314 | | | | |

Tallahassee, FL 32301

TO: Registration Section

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.

| Statutes. | |
|---|------------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Converge Biopharmaceutical Consulting LLC | ersion is: |
| (Enter Name of Other Business Entity) | |
| 2. The "Other Business Entity" is a Limited Liability Company | |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) | |
| First organized, formed or incorporated under the laws of Indiana | |
| July 20, 2022 (Enter state, or if a non-U.S. entity, the name of the | country) |
| (date of organization, formation or incorporation) | |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or | ganization: |
| Parker Biopharmaceutical Consulting LLC | |
| (Enter Name of Florida Limited Liability Company) | |
| 4. If not effective on the date of filing, enter the effective date: 23 May, 2024 | |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | the effective |
| 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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. | ne amount to |
| · | 2021 |
| Page 1 of 2 | 1 - 1 2024 HAY 2 |

| igned this Not and day of April | (0.23 |
|--|--|
| ognature of Authorized Representative of Lim | ited Liability Company. |
| ignature of Authorized Representative //// crinted Name Nathap Parker | Title Principal Consultant |
| genature(s) on behalf of Other Business Entity: | [See below for required signature(s)] |
| ignature (1000 School S | Title fancafel Consultant |
| rinted Name. | Fitle |
| ignature | Title: |
| ignature | Title: |
| ignature | Title: |
| rinted Name: | |
| f Florida Corporation: lignature of Chairman, Vice Chairman, Director, or f Directors or Officers have not been selected, an In | Otficer. |
| f Florida General Partnership or Limited Liabili lignature of one General Partner. | ity Partnership: |
| f Florida Limited Partnership or Limited Liabili ignatures of <u>ALL</u> General Partners. | ty Limited Partnership: |
| All others: lignature of an authorized person. | |
| ees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

Page 2 of 2

2024 KAY 20 PM 2: 43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | | | | | |
|--|--|---|--|---|---------------------------------|---------------------------------------|--|--|--|
| The name of the Limited Liabili | ty Company | is: | | | | | | | |
| Parker Biopharmaceutical Consulting | | | | | _ | | | | |
| (Must end with the w | ords "Limited Lia | ability Company, "L.L.C.," | " or "LLC.") | | | | | | |
| ARTICLE II - Address: The mailing address and street a | iddress of the | principal office of | the Limited | d Liability | Compa | iny is: | | | |
| Principal Office Address: | | Mailing Addr | Mailing Address: | | | | | | |
| 561 Adenmore Terrace | | 561 Adenmore T | еггасе | | | | | | |
| DeLand, FL | | DcLand, FL | | | _ | | | | |
| 32724 | | 32724 | | | | | | | |
| Nathan Parker 561 Adenmore Florida stre | Na e Terrace | nme P.O. Box <u>NOT</u> acce | ptable) | | | | | | |
| DeLand | | FL 32724 | | | | | | | |
| | City | Zip |) | | | | | | |
| Having been named as register liability company at the plate registered agent and agree to statutes relating to the proper accept the obligations of many Register | ice designated act in this cap ir and comple by position as the Pach | d in this certificate, I pacity. I further agre te performance of m | hereby accee to comply duties, and provided fo | cept the ap ly with the nd I am fan | pointme provisie niliar w | ent as ons of all ith and | | | |
| | (CONT | INUED) | | | 1Y 20 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | Page | :1 of 2 | | . · | PH 2 | | | | |

| The name and address of each person Company: | authorized to manage and control the Limited Liability |
|--|--|
| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
| Principal Consultant | Nathan Parker |
| | 11508 Golden Willow Court |
| | Zionsville, IN 46077 |
| | |
| | |

(Use attachment if necessary)

ARTICLE IV-

ARTICLE V: Effective date, if other than the date of filing: 23 May, 2024 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

| ARTICLE VI: Other provisions, if any. | | | | | | | | |
|---------------------------------------|--|---------|--|--|--|--|--|------|
| | | <u></u> | | | | | | |
| | | | | | | | | |

REQUIRED SIGNATURE:

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.

Nathan Parker

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)

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