L24000295843

(Requestor's Name)					
(Address)					
(riddress)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
~ .					
(Document Number)					
Certified Copies Certificates of Status					
Certified Copies					
Constitution of the Consti					
Special Instructions to Filing Officer:					





400432054714

06/27/24--01025--004 **155.00

1976 July 2010

ARTICLES OF CONVERSION

FOR

"OTHER BUSINESS ENTITY"

INTO

FLORIDA LIMITED LIABILITY COMPANY

The <u>Articles of Conversion</u> and attached <u>Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with Fla. Stat. § 605.1045.

- The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: <u>Novosys Health L.L.C.</u>
- 2. The "Other Business Entity" is a <u>Limited Liability Company</u> first organized under the laws of the State of New Jersey.
- 3. The "Other Business Entity" was formed on January 13, 2009.
- 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Novosys Health L.L.C.
- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this June 8, 2024.

Signature of th	a Authorized	I Representative	of the Lin	rited Lis	chility Company

Signature:	
Jay Lin, Manager	
Required Signatures on behalf of the Otho	
	· ·
Typica	`
Signature:	
Jay Lin, Member	

ARTICLES OF ORGANIZATION

FOR

NOVOSYS HEALTH L.L.C. A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Novosys Health L.L.C. (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

1840 Coral Way, 4th Floor Miami, Florida 33145

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Jay Lin 1840 Coral Way, 4th Floor Miami, FL 33145

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. Thereby 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.



ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Jay Lin 1840 Coral Way, 4th Floor Miami, Florida 33145

ARTICLE V.

The Effective date shall be the date of filing.

Typhin	(sign)					
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.						
Jay Lin						
Authorized Representative/	Member					

June 19, 2024

155.00

Florida Department of State

One Hundred and Fifty Five and 00/100 only

Horseman Solutions LLC

Kalperh L. Patel