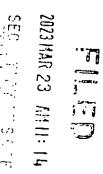
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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Otatus
Special Instructions to F	aling Officer:	

Office Use Only







MA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/23/2023	
	Merritt Walker	
	#:1933160	<del></del>
	e:NEURO	TRONICS, INC.
	cles of Incorporation/Authorization	
Ame	endment	
Cha	nge of Agent	
☐ Rein	nstatement	
√ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
<b>✓</b> Othe	erCERTIFIED CO	PY OF THE FILING EVIDENCE
Authorized	Amount: \$180	
Signature:	mw	

## 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.

<ol> <li>The name of the "Other Business Entity" immediately prior t Neurotronics, Inc.</li> </ol>	to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)	)
2. The "Other Business Entity" is a	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	Florida
(Enter stat	te, or if a non-U.S. entity, the name of the country)
on September 14, 1971 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set fo	orth in the attached Articles of Organization:
Neurotronics, LLC	
(Enter Name of Florida Limited Liability Comp	pany)
4. If not effective on the date of filing, enter the effective date:	April 1, 2023
4. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to date of receipt or file)	d date nor more than 90 calendar days after
the date this document is filed by the Florida Department of	
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
5. The plan of conversion has been approved in accordance with	ı all applicable statutes.
<ol> <li>The "Converted or Other Business Entity" has agreed to pay any which such members are entitled under ss. 605.1006 and 605.10</li> </ol>	

Signed this 8th day of March 20 23 . Signature of Authorized Representative of Limited Liability Company: Signature of Authorized Representative: Jake B. Johnson

Pale B. Johnson

Pale B. Johnson

Chief Executive Officer Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature: Jake & Johnson Title: Chief Executive Officer Signature: \_\_\_\_\_\_\_ Title: \_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_ Title: \_\_\_\_\_\_ Signature: \_\_\_\_\_ If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign. If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. All others: Signature of an authorized person.

\$25.00 Articles of Conversion: Fees for Florida Articles of Organization: \$125.00

Fees:

Certified Copy: \$30.00 (Optional)

Certificate of Status: \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 $I^{-1}$  .

	Neurotronio	cs, LLC	
(Mu	st contain the words "Limited Liabi	ility Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Ad			
The mailing addres	s and street address of the	principal office of the Limited Liabil	lity Company
Principal Office Address:		Mailing Address:	
13800 Tech City Circle, Suite 400 Alachua, FL 32615		13800 Tech City Circle, Suite 40 Alachua, FL 32615	00
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Reg active Florida registration.)	ed Office, & Registered Agent's Signstered Agent. You must designate an individual coregistered agent are:	gnature: or another
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Registive Florida registration.) Florida street address of the	zistered Agent. You must designate an individual	gnature: 2023 MAR 2
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Registive Florida registration.) Florida street address of the	gistered Agent. You must designate an individual cregistered agent are: GLOBAL INC.	gnature: 2023 MAR 23 A
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Registive Florida registration.) Florida street address of the COGENCY C	e registered agent are: GLOBAL INC.	gnature: 2023 MAR 23 AM II
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Registive Florida registration.)  Florida street address of the COGENCY COMENCY ON National National Control of the Country National Country Nati	e registered agent are: GLOBAL INC.	gnature: 2023 MAR 23 MAII: 14
(The Limited Liability Cobusiness entity with an a	ompany cannot serve as its own Registive Florida registration.)  Florida street address of the COGENCY COMENCY ON National National Control of the Country National Country Nati	e registered agent are: GLOBAL INC.  me reet. Suite 4	gnature: 2023 MAR 23 MAII: 14

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..

Alexis Cassidy Alexis Cassidy, Asst. Secretary Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAMBR	Nihon Kohden OrangeMed, Inc. 1800 E. Wilshire Avenue Santa Ana. CA 92705
	2023)
	MAR 23
(Use attachment if necessary)	
ARTICLE V: Other provisions, if any.	
In accordance with s.605.0207, these Artic	les of Organization shall be effective on April 1, 2023.
REQUIRED SIGNATURE:  DocuSigned by:  Filly Tanak	a
This document is executed in accordance v	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony

Eiichi Tanaka, President and Chief Executive Officer of Authorized Member

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)