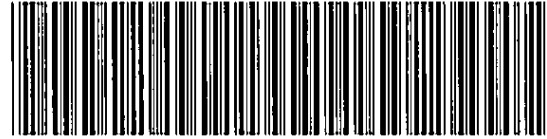


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S. CHATHAM

OCT - 4 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP 28 PM 3:13

FILED  
2022 SEP 28 AM 11:05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MINDPATH HEALTH FLORIDA, PLLC  
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Rebekah Whittier, Legal Admin

(Contact Person)

MINDPATH HEALTH FLORIDA, PLLC

(Firm/Company)

1725 NORTH UNIVERSITY DRIVE, SUITE 350

(Address)

CORAL SPRINGS, FL 33071

(City, State and Zip Code)

rebekah.whittier@mindpath.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Rebekah Whittier at ( 978 ) 209-0056  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

- \$150.00 Filing Fees (S25 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

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2022

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: MINDPATH HEALTH FLORIDA, PLLC  
Ref. Number: W22000123660

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific professional purpose should be set forth in the document.

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

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 322A00021690

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2022 OCT 3 3:27 PM  
2022 OCT 3 3:27 PM

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 09/28/2022

Acc#120160000072

*W: C J W*

Name:	Mindpath Helath Florida, PLLC
Document #:	
Order #:	14560057

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **180.00**

Thank you!

STATE OF FLORIDA  
DIVISION OF CORPORATE REGISTRATION  
22 SEP 28 PM 3:14:33

**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: LINDA BERLIN PSY. D. & PSYCHOLOGICAL ASSOCIATES, P.A.  
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a PROFESSIONAL ASSOCIATION  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 05/06/1998  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
MINDPATH HEALTH FLORIDA, PLLC  
(Enter Name of Florida Limited Liability Company)

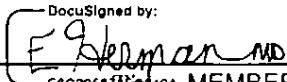
4. If not effective on the date of filing, enter the effective date: 9/30/2022  
**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**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.

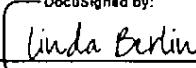
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 16 day of SEPTEMBER 2022

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Erica Elise Herman, MD DocuSigned by: Erica Elise Herman MD E6C2956711116A MEMBER

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: LINDA BERLIN, PSY.D. Title: DIRECTOR

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**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.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP 28 PM 3:43

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MINDPATH HEALTH FLORIDA, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

1725 NORTH UNIVERSITY DRIVE  
SUITE 350  
CORAL SPRINGS, FL 33071

### Mailing Address:

1725 NORTH UNIVERSITY DRIVE  
SUITE 350  
CORAL SPRINGS, FL 33071

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

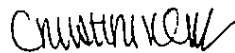
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Florida street address (P.O. Box **NOT** acceptable)  
PLANTATION FL 33324  
City Zip

22 SEP 28 PM 3:13  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

*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.*



Christine Kelm  
Assistant Secretary

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

Erica Elise Herman, MD  
1725 NORTH UNIVERSITY DRIVE, SUITE 350  
CORAL SPRINGS, FL 33071

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(Use attachment if necessary)

**ARTICLE V: Other provisions, if any:**

Outpatient mental healthcare  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

DocuSigned by:  
Linda Berlin  
82833F4E708A433...

**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.

LINDA BERLIN, PSY.D.

Typed or printed name of signee

**Filing Fees**

\$125.00 Filing Fee for Articles of Organization, LP, or Limited Partnership of Domestic Limited Liability Company

22 SEP 28 PM 4:43  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS