L15000201168

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

_	tration S ion of Co	ection orporations			
SUBJECT:	2421 Prof	essional Offices, LLC			
Sebulet.		(Name	of Resulting Florida	Limite	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	spondence concerning	g this matter to:		
Star Sansone					
		(Contact Person)			
Salter Feiber P	A				
		(Firm/Company)			
3940 NW 16th	Blvd., Blo	lg. B			
		(Address)			
Gainesville, Fl	orida 3260	5			
	(0	City, State and Zip Code)			
laura@donnell	ygross.con	n			
E-mail Add	ress: (to be	e used for future annual re	port notifications)		
For further in	nformatio	on concerning this ma	tter, please call:		
Star Sansone			_at (376-8	201
(Name	e of Conta	ct Person)	(Area Code)		time Telephone Number)
Enclosed is a	check fo	or the following amou	nt:		
\$150.00 Fili (\$25 for Conve & \$125 for Arti of Organization	rsion icles	\$155.00 Filing Fees and Certificate of Status	\$180,00 Filing I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET Al Registration Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporati ling ive Cente	ons er Circle	Registra Division P. O. Bo	ition S n of C ox 632	Corporations

Articles of Conversion For "Other Business Entity" Into



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.

	s Entity" immediately prior to the filing of the Articles of Conversion is:
	ter 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 incorpor	rated under the laws of Florida
March 30, 1992	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or inc	corporation)
3. The name of the Florida Limited 2421 Professional Offices, LLC	d Liability Company as set forth in the attached Articles of Organization:
(Enter Name	of Florida Limited Liability Company)
date this document is filed by the date listed in the attached Article	prior to date of receipt or filed date nor more than 90 days after the Florida Department of State; <u>AND</u> 2) must be the same as the effective is of Organization, if an effective date is listed therein.) es not meet the applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

1				
Signed this	_20 <u>_15</u> .			
Signature of Authorized Representative of Limi				
Signature of Authorized Representative: Printed Name: Laura A. Gross	Tid MCB			
Timed Name. Educati. Gross	Title, more			
Signature(s) on behalf of Other Business Entity: [Signature: Printed Name Laura A Gross	See below for required signature(s)			
Signature: Printed Name: Laura A. Gross	Title: Officer/Director			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature: Printed Name:				
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:	A & C	5	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		AHASSE	NOV 30	An and and a second
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		PH LI ng	The services
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	>		
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate 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:			
2421 Professional Offices, LLC			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability	/ Compan	y is:
Principal Office Address:	Mailing Address:		
2421 NW 41st Street, Suite A-I	2421 NW 41st Street, Suite A-1		
Gainesville, FL 32606	Gainesville, FL 32606		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Laura A. Gross Name 2421 NW 41st Street, Suite A-1 Florida street address (P.O.	ered Agent. You must designate an individual of egistered agent are:	15 MOV 30 PM I: ng	MA TO THE STATE OF
Gainesville	FL 32606		
City	Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete particles accept the obligations of my position as regional Registered Agent's Signal	this certificate, I hereby accept the ap ty. I further agree to comply with the erformance of my duties, and I am far istered agent as provided for in Chap	ppointment provision niliar with	t as s of all h and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Author	ized Member	Name and Address:	
"MGR" = Manager			
MGR		Laura A. Gross	
		1614 NW 12th Road	
•		Gainesville, FL 32605	<u> </u>
MGR		Paul A. Donnelly	
	•	1614 NW 12th Road	ر به الله الله الله الله الله الله الله ا
		Gainesville, FL 32605	(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
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			CJ.TT CO
			-
			"
(Use attachment if	necessary)	·	
•	• /		
CLE V: Effective da	te, if other than the	e date of filing:	. (OPTIONAL)
		be specific and cannot be more t	``
90 days after the date		•	J 1
		the applicable statutory filing requiremen	ts, this date will not be listed as
	Department of State'		•

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.

Laura A. Gross

REQUIRED SIGNATURE:

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) Page 2 of 2