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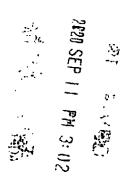
(Re	equestor's Name)	
(Ac	idress)	
(Ác	ddress)	
(Ci	ty/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Ві	usiness Entity Name)	
(Ďd	ocument Number)	. <u>. </u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/10/2020

Trans#: 1144876

Entity Name: JOANNE F-REED, OD, PA (CONVERTING TO) JOANNE F. REED, OD, PLLC

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	

STATE FEES PREPAID WITH CHECK #1916 FOR \$185.00

PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ()

Good Standing (XX) Certificate of Fact ()

COVER LETTER

	New Filing Se Division of Co				
		Reed, OD, PLLC			
SUBJE	.C1.	(Name of Res	ulting Florida Lin	nited Con	npany)
					d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please r	return all corre	spondence concerning	g this matter to	:	
Joanne	F. Reed, O.D.				
		(Contact Person)		_	
		(Firm/Company)		_	
124 Tus	scan Way, Suite	(Address)			
St Aug	ustine, FL 3209				
		ity, State and Zip Code)		_	
drjoann	ereed@gmail.co	•			
E-ma	uil Address: (to be	used for future annual re	port notifications)	_	
For furt	ther informatio	on concerning this ma	iter, please call	:	
David M	/I. Roth		at (502	, 548-	1990 rtime Telephone Number)
	(Name of Contac	et Person)	(Area Cod	e) (Day	time Telephone Number)
		or the following amou a bank located in the		process	sed by this office must be payable in US
(\$25 for	for Articles	\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filir and Certified C		☐S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Addr New Filing Se Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7		New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Professional 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.

Professional

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Joanne F. Reed, OD, PA
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a professional corporation P2000068983 (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)
01/27/2009 on
(date of organization, formation or incorporation)
Professional
3. The name of the Florida, Limited Liability Company as set forth in the attached Articles of Organization:
Joanne F. Reed. OD. PLLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(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 4th day of September	20 <u>20</u> .
Professional	
gnature of Authorized Representative of Limi	ted Liability Company:
ignature of Authorized Representative: Malluring Name: Joanne F. Reed, O.D.	4 1 140 de
rinted Name: Joanne F. Reed, O.D.	Title: Manager, Pres & Sole Director
the state of the s	S h-l S
ignature(s) on behalf of Other Business Entity:	See below for required signature(s)
ignature: Leadur J- Readiso	
rinted Name: Joanne F. Reed, O.D.	Title: President
imstree	
ignature:rinted Name:	Title:
Signature:	Tial
rinted Name:	Title:
ignature:	
rinted Name:	Title:
ignature:	
rinted Name:	Title:
Signature:Printed Name:	Title
rinted Name:	Title.
f Florida Corporati <u>on:</u>	
ignature of Chairman, Vice Chairman, Director, or	
Directors or Officers have not been selected, an Inc	corporator must sign.
f Florida General Partnership o <u>r Limited Liabili</u>	ty Partnershin:
Signature of one General Partner.	
f Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
lignature of an authorized person.	
Y <u>ces:</u>	
<u> </u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

PROFESSIONAL

ARTICLES OF ORGANIZATION FOR FLORIDA, LIMITED LIABILITY COMPANY

ARTICLE I - Na	ime:			
The name of the Profes	Limited Liability Company is	S:		
Joanne F. Reed, C	D, PLLC			
(8	fust contain the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - A	ddress:	Professional		
The mailing addre	ess and street address of the	principal office of the Limite	d Liability Company is:	
Principal Office	Address:	Mailing Address:		
124 Tuscan Way		124 Tuscan Way		
Suite 104		Suite 104		
St. Augustine, FL 3	32092	St. Augustine, FL 32092		
(The Limited Liability) business entity with ar	Registered Agent, Register: Company cannot serve as its own Reginactive Florida registration.) : Florida street address of the Joanne F. Reed, O.D.	ed Office, & Registered Agristered Agent. You must designate an eregistered agent are:	ent's Signature: individual or another	
Na		ne	un (
	2269 Wide Reach Drive		က	-
Florida street address (O. Box NOT acceptable)	ච	
	Fleming Island	FL 32003		
	City	Zip		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

4	DT	101	L*	IV-
- 1	к	14.1	. ľ.	1 V -

Professional

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

"MGR" = Manager		
MGR	Joanne F. Reed, O.D.	
	2269 Wide Reach Drive	
	Fleming Island, FL 32003	
		
(Use attachment if necessary)		
LEM Other was delegated from		
LE V: Other provisions, if any, endix A attached hereto and made a p	art hereof	
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.

Joanne F. Reed, O.D., as President and on behalf of of Joanne F. Reed, OD, PA. 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)

APPENDIX A

Articles of Organization of Joanne F. Reed, OD, PLLC

- 5. Other Provisions: Notwithstanding anything in the Articles of Organization which might be construed to the contrary:
- (a) This company is a professional limited liability company organized by an Optometrist for the sole and specific purpose of rendering professional Optometry services and services ancillary to such professional Optometry services. This professional limited liability company may not engage in any business other than the rendering of professional Optometry services and services ancillary to such professional Optometry services.
- (b) Each Member and Manager of this professional limited liability company must be licensed or otherwise authorized by the laws of the State of Florida or, to the extent then permitted under applicable Florida law, any other jurisdiction to render professional Optometry services.
- (c) This professional limited liability company may render its professional Optometry services in State of Florida only through its members, managers, employees, and agents who are licensed or otherwise legally authorized to render such professional Optometry services within the State of Florida.
- (d) To the extent permitted by applicable law, this professional limited liability company (i) may invest its funds in real estate, mortgages, stocks, bonds, or any other type of investments, and (ii) may own real or personal property incident to the rendering of professional Optometry services.
- (e) This professional limited liability company is to be managed by its Manager or Managers. Subject to change in any manner as may be provided in this professional limited liability company's Operating Agreement (as such Operating Agreement may be adopted, amended, and/or restated from time to time in accordance with its terms): (i) the Manager of this professional limited liability company shall be a Board of Directors consisting of such number of persons ("Directors" or "Managers") as may be authorized under the Operating Agreement then in effect. (ii) except as may otherwise provided under the Operating Agreement then in effect, each Director is authorized to act for, and in the name of, this professional limited liability company independently of any other Director, and (iii) unless and until changed in accordance with the Operating Agreement then in effect, the number of Directors shall be one (1), and the initial Director of this professional limited liability company constituting its Board of Directors shall be that person described as the "MGR" in Article IV of the Articles of Organization to which this Appendix A is attached.