

L220000426172

(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



400394914994

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
HALL COUNTY CLERK

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

(Name of Contact Person)

at (

978

(Area Code)

209-0056

(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

RECEIVED
2022 OCT -3 PM 3:27
2022 OCT -3 PM 3:27

CT CORP

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

Date: 09/28/2022

Acc#120160000072

W: C SW

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!

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
SEP 28 2022
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

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.

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

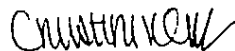
FL 33324

City

Zip

22 SEP 28 PM 3:43
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

(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