

A24000000154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

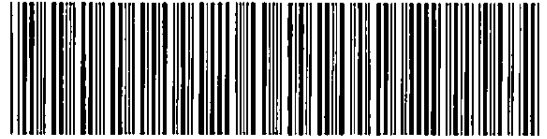
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 28 AM 9:07

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MAR 28 2024

K. Brumbley

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/28/2024
Acc#I20160000072

en: c DW

Name:	Quality Podiatry Group of FL, LP
Document #:	
Order #:	15458007

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"/>	Email Address for Annual Report Notifications: <div></div>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **1105.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Podiatry Group of FL, L.P.
Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Conversion, Certificate of Limited Partnership, and fees are submitted to convert an "Other Organization" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s. 620.2104, F.S.

Please return all correspondence concerning this matter to:

Robert Isaacson

Contact Person

Nixon Peabody LLP

Firm/Company

Exchange Place, 53 State Street

Address

Boston, MA 02109-2835

City, State and Zip Code

risaacson@nixonpeabody.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Isaacson

Name of Contact Person

at (617) 345-1348

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$1,052.50 Filing Fees
Fees, (\$52.50 for Conversion
and \$1,000 – Certificate) | <input type="checkbox"/> \$1,061.25 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,105.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,113.75 Filing
Certified Copy, and
Certificate of Status |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

Mailing Address:

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

Street Address:

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

Certificate of Conversion
For
"Other Business Organization"
Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion **and attached Certificate of Limited Partnership** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Partnership or Limited Liability Limited Partnership** in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Quality Podiatry Group of FL, Co.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation

(Enter entity type. Example: corporation, limited liability company, sole proprietorship, 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 May 27, 2009

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the **attached Certificate of Limited Partnership**:

Quality Podiatry Group of FL, LP

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)


6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 28th day of March, 2024.

Signature of Each General Partner Listed in Attached Certificate of Limited

Partnership/Limited Liability Limited Partnership: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature: 
Printed Name: Sidney Weiser Title: President of QPG FL GP, LLC

Signature: _____
Printed Name: _____ Title: _____

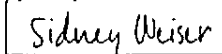
Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Required Signature(s) on behalf of Other Business Entity: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: 
Printed Name: Sidney Weiser Title: President

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 Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Quality Podiatry Group of FL, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 7025 Beracasa Way, Suite 102-G, Boca Raton, FL 33433
Street address of initial designated office

3. C T Corporation System
Name of Registered Agent for Service of Process

4. 1200 S. Pine Island Road #250, Plantation, FL 33324
Florida street address for Registered Agent

5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

/s/ Olga Hinkel, VP
Signature of Registered Agent

6. _____
Mailing address of initial designated office

7025 Beracasa Way, Suite 102-G, Boca Raton, FL 33433

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

8. Name and business address of each general partner:

Name:

Business Address:

QPG FL GP, LLC

7025 Beracasa Way, Suite 102-G

Boca Raton, FL 33433

Signed this 28th day of March, 2024.

Signature of each general partner: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

Sidney Weiser

CEE6F147B6C9492

Sidney Weiser, President of QPG FL GP, LLC