

L060000/5538

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2006 FEB 10 PM 1:06
TALLAHASSEE, FLORIDA

W06-5053
J. BRYAN FEB - 1 2006

J. BRYAN FEB 14 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Multi-Specialty Group of West Broward, P.L.C.
(Name of Resulting Florida Limited Company)

The enclosed Certificate 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. 608.439, F.S.

Please return all correspondence concerning this matter to:

Michael B. Udell, Esquire

(Contact Person)

(Firm/Company)

P.O. Box 841207

(Address)

Pembroke Pines, FL 33084

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Udell

(Name of Contact Person)

at (954) 435-4160

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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2008 FEB 10 PM 1:06
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

MICHAEL B. UDELL, ESQ.
P.O. BOX 841207
PEMBROKE PINES, FL 33084

SUBJECT: MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD,
P.L.C.
Ref. Number: W06000005053

FILED
2006 FEB 10 PM 1:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

We received your document on January 26, 2006,

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 306A00007325

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

FILED
2006 FEB 10 PM 1:07
TALLAHASSEE, FLORIDA

This Certificate 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.608.439, Florida Statutes.

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

Medical Multi-Specialty Group of West Broward, P.A. #481879
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **corporation- professional association**
(Enter entity type. Example: corporation, limited partnership, 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 **July 21, 1975**
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

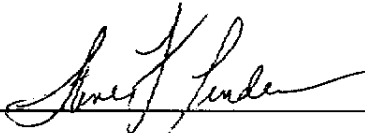
N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Medical Multi-Specialty Group of West Broward, P.L.C.
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: date of filing.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 7 day of February 2006.

Signature of Authorized Person: 

Printed Name: Steven F. Linden Title: President (P.A.)/Managing Member-P.L.C.

Fees:

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

FILED
2006 FEB 10 PM 1:07
CLERK OF COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MEDICAL MULTI-SPECIALTY GROUP OF WEST BROWARD, P.L.C.**

FILED
2006 FEB 10 PM 1:07
TALLAHASSEE, FLORIDA

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

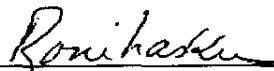
Medical Multi-Specialty Group of West Broward, P.L.C.

SECOND: The Limited Liability Company shall be effective on its date of filing and continue until the occurrence of an event set forth in the *Operating Agreement* which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in the practice of medicine.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 1000 S. Pine Island Road, Suite 250, Plantation, Florida 33324, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Roni Laskin, C.P.A..

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 608, F.S.



print:
Roni Laskin, C.P.A.

FIFTH: The mailing address and principal office of the Limited Liability Company is 8391 W. Oakland Park Boulevard, Sunrise, Florida 33351.

SIXTH: The Limited Liability Company is to be managed by the Managing Members. The names and addresses of the initial Managing Members are: Steven F. Linden and Howard S. Koch, c/o Medical Multi-Specialty Group of West Broward, L.L.C., 8391 W. Oakland Park Boulevard, Sunrise, Florida 33351.

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Members is \$200.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The membership interests of the Members are evidenced by Certificates of Membership.


TENTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

ELEVENTH: The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

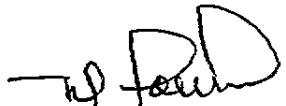
TWELFTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company unless that debt, liability or obligation was the result of a personal guaranty in which event the Limited Liability Company indemnifies any Member who advances money on behalf of the Limited Liability Company.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on January 10, 2006.

In the presence of:


print: MICHAEL UDELL


print: HELENE UDELL


print: MICHAEL UDELL


Steven F. Linden, Member and Organizer


Howard S. Koch, Member and Organizer

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2006 FEB 10 PM 1:07

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Helene J. Udell
print: HELENE UDELL

STATE OF FLORIDA, COUNTY OF BROWARD, ss.

The foregoing instrument was acknowledged before me on the 10 day of January, 2006,
by Steven F. Linden.

Helene J. Udell
print:

Notary Public
My commission expires



Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

STATE OF FLORIDA, COUNTY OF BROWARD, ss.

The foregoing instrument was acknowledged before me on the 10 day of January, 2006,
by Howard S. Koch.

Helene J. Udell
print:

Notary Public
My commission expires



Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

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2006 FEB 10 PM 1:07
TALLAHASSEE, FLORIDA