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Division of Corporations

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Florida Department of State  
Division of Corporations  
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*Rosari*

To: Division of Corporations  
Fax Number : (850)205-0383

EFFECTIVE DATE  
7/21/06

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JOSE V COBA LLC

RECEIVED  
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DIVISION OF CORPORATIONS

Certificate of Status	1
Certified Copy	1
Page Count	04
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*Long*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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July 24, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FAS-T

SUBJECT: JOSE V COVA LLC  
REF: W06000032570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6851.

Gina McLeod  
Document Specialist

FAX Aud. #: H06000185723  
Letter Number: 306A00046811

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

**EFFECTIVE DATE**  
7/21/02

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:

Jose V Coba, M.D., P.A.

(Enter Name of Other Business Entity) PO2-64305

2. The "Other Business Entity" is a Corporation

(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 06/11/02

(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:

Jose V Coba, M.D., P.A.

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

Jose V Coba LLC

(Enter Name of Florida Limited Liability Company)

06 JUL 21 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

5. If not effective on the date of filing, enter the effective date: 07-21-06  
(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 21 day of July 2006

Signature of Authorized Person: 

Printed Name: Jose V Caba Title: President

**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)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jose V Coba LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1065 Nandina Dr  
Weston, FL 33327

**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:

Jose V Coba

1065 Nandina Dr  
Name

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL

City, State, and 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 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jose V. Coba

1085 mandina Dr

Weston, FL 33327

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07-21-06  
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of subscriber or an authorized representative of a member.

(In accordance with section 603.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose V. Coba

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)