L07000057294

(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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$ 150.00

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03/28/07--01005--023 **43.75

05/30/07--01004--018 **106.25

FILED
07 MAY 30 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

207A-37306

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2007

MK MURHPY, DC
450 W. CENTRAL PARKWAY
SUITE 1000
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MK MURPHY DC LC
Ref. Number: W07000015446

We have received your document for MK MURPHY DC LC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed. I am enclosing the proper forms and note the additional filing fee.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 307A00021537

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** M. K. MURPHY, D.C., 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:

M. K. MURPHY, D.C.
(Contact Person)

M. K. MURPHY, D.C., L.C.
(Firm/Company)

450 W. CENTRAL PARKWAY, SUITE 1000
(Address)

ALTAMONTE SPRINGS, FL 32714
(City, State and Zip Code)

For further information concerning this matter, please call:

M. K. MURPHY, D.C. at (407) 252-9957
(Name of Contact Person) (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

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

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SECRETARY OF STATE
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:
M.K. MURPHY, D.C., P.A. P94-3428
**(Enter Name of Other Business Entity)**

2. The "Other Business Entity" is a FLORIDA CORPORATION (S CORP).
**(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 11/6/94.
**(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:

_____.

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

M.K. MURPHY, D.C., L.C.
**(Enter Name of Florida Limited Liability Company)**

5. If not effective on the date of filing, enter the effective date:_____.
**(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 24th day of May 20 07.

Signature of Authorized Person: MK Murphy DC

Printed Name: MK Murphy DC 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:

M. K. MURPHY, D. C., L. C.
(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:** |
|---|---|
| 450 W. CENTRAL PKWY<br>SUITE 1000<br>ALTAMONTE SPRINGS, FL 32714 | SAME |

**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.)

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TALLAHASSEE, FLORIDA

The name and the Florida street address of the registered agent are:

M. K. MURPHY, D. C.
Name

450 W. CENTRAL PKWY SUITE 100
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FL 32714
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)**

**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:** |
|---|---|
| MGRM | M.K. Murphy, D.C<br>450 W Central Pkwy Suite 1000<br>Altamonte Springs FL 32714 |
| | |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____.
(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.)**

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TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

M K Murphy

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

M. K. MURPHY, D.C.
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)**