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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
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: Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Physicians Global, LLC	
The enclosed Certificate of Conversion, Articles convert an "Other Business Entity" into a "Florid accordance with s. 608.439, F.S.	
Please return all correspondence concerning this	matter to:
William R. Cohen, Esquire (Contact Person)	Please Mail back 70; Physicians Global LLC 301 Yamato Rd., Sulte 1200
Law Offices of William R. Cohe	en, PA Boca Raton, FL 33431 Tel: 561-910-5515
(Firm/Company) 301 Yamato Road; Suite 2160 (Address)	Fax: 561-997-8005 office@physiciansglobal.com www.physiciansglobal.com
Boca Raton, Florida 33431	·
(City, State and Zip Code)	
For further information concerning this matter, plus William R. Cohen, Esq. at (ease call: 561) 860-1871
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	80.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

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: Physicians Global, Inc.
(Enter Name of Other Business Entity)
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 August 31, 2006
(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:
Physicians Global, LLC
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

Printed Name: Michael Gerstein Title: President and Managing Member

Fees:

Certificate of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00

\$30.00 (Optional) Certified Copy:

\$5.00 (Optional) Certificate of Status:

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔR	TICI	.E.I	_ Na	me

The name of the Limited Liability Company is:

Physicians Global, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Maning Address:
301 Yamato Road	301 Yamato Road
Suite 1200	Suite 1200
Boca Raton, FL 33431	Boca Raton, FL 33431

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:

william R. Conen, Esq.
301 Yamato Road; Suite 2160
Florida street address (P.O. Box NOT acceptable)
Boca Raton 33431 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

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:

U) (CID II) (Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM - Managing Member	
MGRM	Michael Gerstein
	301 Yamato Road; Ste 1200
	Boca Raton, FL 33431
	
	
	(Use attachment if necessary)
CLE V: Effective date, if other than the	
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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)