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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

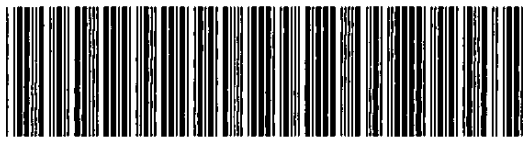
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/07--01023--004 **185.00

SECRETARY
DIVISION
07 AUG 27 PM 3:46

August 21, 2007



James M. Shuta
Attorney At Law

Registration Section
FL Dept of State
P.O. Box 6327
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **James E. Wessels, Jr., M.D. Family
Limited Liability Company (LLC)**

Gentle(wo)men:

Enclosed is the Certificate of Conversion for the purposes of converting a Limited Partnership to a Limited Liability Company.

Also, enclosed are the following documents which are submitted to you for the purpose of forming this LLC:

1. Articles of Organization
2. Registered Agent Certificate

Finally enclosed is a check in the amount of \$ 185.00 for the following:

Certificate of Conversion.....	\$ 25.00
Filing Fee	100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company is effective **UPON FILING**.

I respectfully ask you to file this limited liability company.

Please return the certified copy and the certificate to me at the below address after recording.

Thank you for your continued assistance.

Sincerely,



James M. Shuta

ccy William R Wallace CPA

CERTIFICATE OF CONVERSION
OF
JAMES E. WESSELS, JR., M.D. FAMILY LIMITED PARTNERSHIP
TO
JAMES E. WESSELS, JR., M.D. FAMILY LIMITED LIABILITY COMPANY

THE UNDERSIGNED, for the purposes of converting a Limited Partnership to a Limited Liability Company, pursuant to Fla. Stat. 608.439, hereby provides its Certificate of Conversion and states as follows:

1. The Limited Partnership known as **James E. Wessels, Jr., M.D. Family Limited Partnership** was filed in the State of Florida on **April 27, 1993** and assigned document number **A93000000463**.

2. The name of the Limited Partnership prior to converting to a Limited Liability Company was **James E. Wessels, Jr., M.D. Family Limited Partnership**.

3. The name of the Limited Liability Company as set forth in its Articles of Organization is **James E. Wessels, Jr., M.D. Family Limited Liability Company**.

4. The effective date of the conversion from a Limited Partnership to a Limited Liability Company shall be effective upon the filing of this Certificate of Conversion and the Articles of Organization.

IN WITNESS WHEREOF, the undersigned member has executed the Certificate of Conversion on the 21 day of AUGUST, 2007.

WITNESSES:

MEMBER:

JAMES E. WESSELS, JR., M.D.
REVOCABLE TRUST dated March 22, 1993
as amended on January 29, 2001

Julie M. Wahler
Sign Name

James M. Shuta
James M. Shuta, P.A., Trustee
Member as to a 100% interest

Julie M. Wahler
Print Name

Martha A. Kimball
Sign Name

Martha A. Kimball
Print Name

SECRETARY
DIVISION OF CORPORATE
07 AUG 27 PM 3:46

STATE OF FLORIDA
COUNTY OF PINELLAS

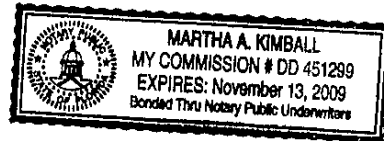
I HEREBY CERTIFY that on the 21st day of August, 2007,
the foregoing was acknowledged before me by James M. Shuta,
President of James M. Shuta, P.A. () who is personally known to
me or () who produced _____ as
identification and who () did or () did not take an oath.

Martha A Kimball
Notary Public, State of Florida

Martha A Kimball
Print Name

My Commission Expires:

Commission No.



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

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is **JAMES E. WESSELS, JR., M.D. FAMILY LIMITED LIABILITY COMPANY.**

ARTICLE II

Address

The mailing address and street address of the Principal Office is **3736 Mullenhurst Dr, Palm Harbor FL 34685.**

ARTICLE III

Business

This Limited Liability Company shall engage in the business of **ownership of real, personal and/or mixed property.**

ARTICLE IV

Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of **fifty (50) years** thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V

Management

The Limited Liability Company shall be managed by **Julie M. Wahler, 3736 Mullenhurst Dr, Palm Harbor FL 34685.**

ARTICLE VI

Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all of the Members. A Member may transfer his or her interest in the Limited Liability Company as set forth in the Regulations of the Limited Liability Company, but the transferee shall have no right to participate in the management of the business and affairs of the Limited Liability Company or become a Member unless all the Members, other than the Member proposing to dispose of his or her interest, and the Manager approve of the proposed transfer by unanimous written consent.

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or their representative duly authorized by a majority in voting interest of the Members.

SIGNED this 21 day of AUGUST, 2007

WITNESSES:

MEMBER:

JAMES E. WESSELS, JR., M.D.
REVOCABLE TRUST dated March 22, 1993
as amended on January 29, 2001

Julie M. Wahler
Sign Name

James M. Shuta
James M. Shuta, P.A., Trustee
Member as to a 100% interest

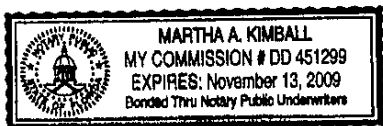
Julie M. Wahler
Print Name

Martha A. Kimball
Sign Name

Martha A. Kimball
Print Name

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 21st day of August, 2007, the foregoing was acknowledged before me by **James M. Shuta, President of James M. Shuta, P.A.** () who is personally known to me or () who produced _____ as identification and who () did or () did not take an oath.



Martha A. Kimball
Notary Public, State of Florida

Martha A. Kimball
Print Name

My Commission Expires: 11-13-2009
Commission Number: DD 451299

CERTIFICATE OF DESIGNATION FOR
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 608.415 Florida Statutes, the below named LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office and Registered Agent in the State of Florida.

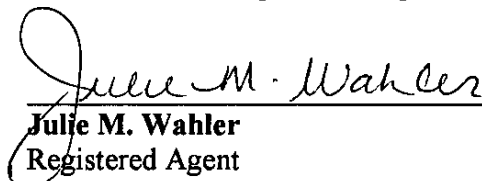
1. The name of the Limited Liability Company is:

**JAMES E. WESSELS, JR., M.D. FAMILY
LIMITED LIABILITY COMPANY**

2. The name and address of the Registered Agent and Registered Office is:

**Julie M. Wahler
3736 Mullenhurst Drive
Palm Harbor FL 34685**

Having been named as Registered Agent and to accept service of process for the above named LIMITED LIABILITY COMPANY at the Registered Office 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.



Julie M. Wahler
Registered Agent

Date: 8/21, 2007