

LD8000111217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

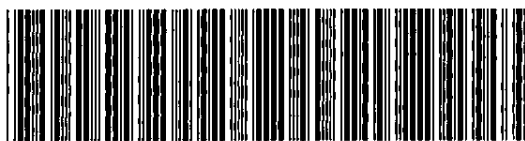
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DEPT. OF CORP. AFFAIRS
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TALLAHASSEE, FLORIDA



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December 4, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

CFP Physicians Group, P.A. into CFP Physicians Group, LLC

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
 Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other - Conv

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**Certificate of Conversion
For
Florida Profit Corporation
Into
Florida Limited Liability Company**

This Certificate of Conversion and attached Articles of Organization are submitted in accordance with s. 608.439, Florida Statutes, to convert the following "Other Business Entity" into a Florida Limited Liability Company.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is CFP Physicians Group, P.A. and its Document Number is P99000050027.

2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of the State of Florida on 6/30/1999.

3. The jurisdiction of the "Other Business Entity" has not changed since its formation.

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is CFP Physicians Group, LLC

5. This conversion shall be effective upon the date of filing this Certificate of Conversion and attached Articles of Organization with the Florida Department of State.

Signed this 28 day of October, 2008.

Signature of Member or Authorized Representative of Limited Liability Company:

By: 
Name: Steven H. Selznick
Title: Manager

Signature(s) on behalf of Other Business Entity:

By: 
Name: Steven H. Selznick
Its: President

08 DEC -14 AM 8:01
CLERK OF STATE
TALLAHASSEE FLORIDA

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**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is CFP Physicians Group, LLC.

Article II

The mailing address and street address of the principal office of the Limited Liability Company is 985 Semoran Boulevard, Casselberry, FL 32707.

Article III

The street address of the initial registered office of the Limited Liability Company in Florida is 985 Semoran Boulevard, Casselberry, FL 32707, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Steven H. Selznick.

Article IV

The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Limited Liability Company Act, including all powers and purposes now and hereafter permitted by law to a limited liability company.

Article V

The effective date for this Limited Liability Company shall be the date of filing these Articles of Organization with the Florida Department of State.

Article VI

The Limited Liability Company is to be managed by Managers. The name and address of each Manager is as follows:

Steven H. Selznick
985 Semoran Blvd.
Casselberry, FL 32707

Hugh W. Thomas
985 Semoran Blvd.
Casselberry, FL 32707

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TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, the undersigned Member has executed and acknowledged these Articles of Organization on October 28, 2008.


Steven H. Selznick

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TALLAHASSEE FLORIDA

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

Having been named as Registered Agent for CFP Physicians Group, LLC, I hereby voluntarily consent to serve as Registered Agent for CFP Physicians Group, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: October 28, 2008



Steven H. Selznick