

L090000022850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

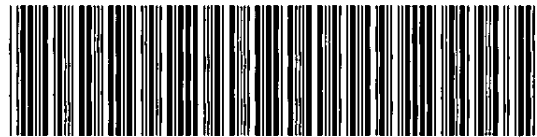
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900143545689

03/10/09--01009--021 **25.00

03/10/09--01009--020 **125.00

FILED
09 MAR -5 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 11 2009

EXAMINER



CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7645 fax
www.ctlegalsolutions.com

March 6, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Please
Backdate
to 3/5/09
FILED
09 MAR -5 PM 3:15
TALLAHASSEE, FLORIDA

Re: Order #: 7503471 SO
Customer Reference 1: INSC Inc/LLC
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Intercoastal Neurology And Sleep Care Center PLLC (FL)
Conversion
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

March 6, 2009

CT
3

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TALLAHASSEE, FLORIDA

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Clifton Building
2611 Executive Center Circle
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CL Operations Specialist
Christina.McNeair@wolterskluwer.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2009

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER PLLC
Ref. Number: W09000010594

FILED
09 MAR -5 PM 3:19
TALLAHASSEE, FLORIDA

We have received your document for INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER PLLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The wrong CERTIFICATE OF CONVERSION form has been used. To convert an entity into a Florida limited liability company, you must use the CERTIFICATE OF CONVERSION OF OTHER BUSINESS ENTITY INTO FLORIDA LLC.

This certificate must be filed along with the Articles of Organization to establish the limited liability company.

THE TOTAL AMOUNT REQUIRED to file these documents is \$150.00.

ALSO, PLEASE NOTE that since this is a professional LLC, the Articles of Organization will need to contain a statement of the specific professional practice in which the company will engage. A statement like "This company will engage in the practice of medicine." will be sufficient.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 409A00007704

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

FILED
09 MAR -5 PM 3:15
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:

INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation

P09000019598

(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 2/26/2009

(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:

INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER PLLC

(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 5th day of March 2009.

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: Bharat M. Tolia M.D.
Printed Name: TOLIA, BHARAT M.M.D. Title: Managing Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Bharat M. Tolia M.D.
Printed Name: TOLIA, BHARAT M.M.D. Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

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)

FILED
09 MAR -5 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERCOASTAL NEUROLOGY AND SLEEP CARE CENTER PLLC

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

To provide medical services for neurological & sleep disorders.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

381 Palm Coast Parkway, Suite 1804
Palm Coast, FL 32130

Palm Coast Parkway, Suite 1804
Palm Coast, FL 32130

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation, FL 33324

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.

Kelly Snedden
Registered Agent's Signature (REQUIRED)

Kelly Snedden
Asst. Secretary

(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:

MGRM

TOLIA BHARAT M.D.

381 Palm Coast Parkway, Suite 1804

Palm Coast, FL 32130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(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 Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Bharat M. Tolia, M.D.

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.)

Bharat M. Tolia, M.D.

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)