

LO9000027363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

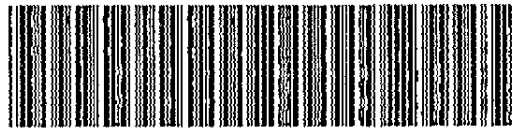
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200144923992

03/11/09--01030--002 \*\*150.00

FILED  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 20 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAEID FARHADI, M.D., P.L.  
(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:

NEGUIN FARHADI  
(Contact Person)  
SAEID FARHADI, M.D., P.L.  
(Firm/Company)  
1703 THONOTOSASSA ROAD, SUITE A  
(Address)  
PLANT CITY, FL 33563  
(City, State and Zip Code)

For further information concerning this matter, please call:

NEGUIN FARHADI at ( 813 ) 719 8200  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$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

**FILED**  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2009

NEGUIN FARHADI  
1703 THONOTOSASSA ROAD, SUITE A  
PLANT CITY, FL 33563

SUBJECT: SAEID FARHADI, M.D., P.L.  
Ref. Number: W09000011814

813-719-8200

We have received your document for SAEID FARHADI, M.D., P.L. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 509A00008547

FILED  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
SAEID FARHADI, M.D., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION 908 000046908  
(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 STATE  
(Enter state, or if a non-U.S. entity, the name of the country)

on 08/01/2008  
(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:

SAEID FARHADI, M.D., P.L.

(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 effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

FILED  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 2 day of MARCH 2009.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: Saeid Farhadi  
Printed Name: SAEID FARHADI Title: MEMBER

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

Signature: Saeid Farhadi  
Printed Name: SAEID FARHADI Title: OFFICER/OWNER

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  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SAEID FARHADI, M.D., P.L.

(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:

1703 THONOTOSASSA ROAD, SUITE A  
PLANT CITY, FL 33563

#### Mailing Address:

1703 THONOTOSASSA ROAD,  
SUITE A  
PLANT CITY, FL 33563

### 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:

SAEID FARHADI

Name

1703 THONOTOSASSA ROAD, SUITE A

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

PLANT CITY, FL 33563

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 Chapter 608, F.S.*

Saeid Farhadi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

SAEID FARHADI

1703 THONOTOSASSA ROAD, SUITE A

PLANT CITY, FL 33563

(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:**

Saeid Farhadi

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.)

SAEID FARHADI

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)**

08 AUG 04 PM 1:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

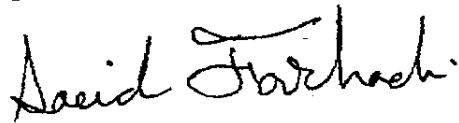
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

COMPANY NAME: SAEID FARHADI, M.D., P.L.

ARTICLE VI : The purpose of organization:

Rendering medical services to the patients.

Managing Member:

A handwritten signature in black ink, appearing to read "Saeid Farhadi", written in a cursive style.

Saeid Farhadi

**FILED**  
08 AUG 04 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA