

L11000/27619

(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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11/07/11--01037--011 **150.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paul B. Tartell, 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:

Sharon Garroway

(Contact Person)

Law Offices of Frye & Associates, PL

(Firm/Company)

20900 W. Dixie Highway

(Address)

Aventura, FL 33180

(City, State and Zip Code)

Sharon@Fryelawmiami.com

E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Sharon Garroway

(Name of Contact Person)

at (305) 931-3200

(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

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:

Paul B. Tartell, M.D., Inc.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation
(Enter entity type. Example: corporation, limited partnership,
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 January 7, 2004
(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**:

Paul B. Tartell, 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 as the effective date listed in the attached **Articles of Organization**, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.608.439, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 13 day of October 20 11.

Signature of Member or Authorized Representative of Limited Liability Company:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Member or Authorized Representative: Paul B. Tartell

Printed Name: Paul B. Tartell

Title: MGRM

Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s)]

Signature: Paul B. Tartell

Printed Name: Paul B. Tartell

Title: Director

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)

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

Article I

The name of the Limited Liability Company is:
Paul B. Tartell, M.D., P.L.

Article II

The street address of the principal office of the Limited Liability Company is:
100 NW 82nd Avenue, Suite 104
Plantation, FL 33324

The mailing address of the Limited Liability Company is:
100 NW 82nd Avenue, Suite 104
Plantation, FL 33324

Article III

The purpose for which this Limited Liability Company is organized is:

The Company is organized to continue the business of PAUL B. TARTELL, M.D., INC., specifically, to to provide medical services, and to engage in any other lawful business permitted under the laws of the United States and the State of Florida.

Article IV

The name and Florida street address of the registered agent is:

Paul B. Tartell
100 NW 82nd Avenue, Suite 104
Plantation, FL 33324

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.

Registered Agent Signature: _____

Paul B. Tartell

Article V

The name and address of managing members/managers are:

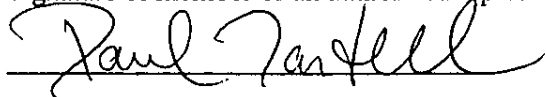
Title: MGMR
Paul B. Tartell
100 NW 82nd Avenue, Suite 104
Plantation, FL 33324

Article VI

The effective date for this Limited Liability Company shall be:

Date of filing

Signature of member or an authorized representative of a member



PAUL TARTELL, MD

Print name, Title