

L13000153013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

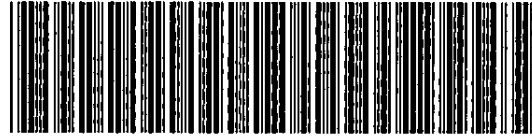
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 30 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUSAN L. STERLACCI, M.D., LLC
(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:

Penny K. Every

(Contact Person)

Jeffrey C. Sweet, Esquire

(Firm/Company)

595 W. Granada Blvd., Suite A

(Address)

Ormond Beach, FL 32174

(City, State and Zip Code)

penny.every@jsweetlaw.com

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

For further information concerning this matter, please call:

Penny K. Every

(Name of Contact Person)

at (386) 677-3431

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input 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 checked="" 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

SUSAN L. STERLACCI, M.D., PLLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Professional Limited Liability Company.
(Enter entity type. Example: corporation, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Virginia
(Enter state, or if a non-U.S. entity, the name of the country)

on May 26, 2010.
(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**:

SUSAN L. STERLACCI, M.D., LLC

(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 17 day of October 2013.

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: Susan L. Sterlacci
Printed Name: Susan L. Sterlacci, M.D. Title: Manager

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: Susan L. Sterlacci
Printed Name: Susan L. Sterlacci, M.D. Title: Manager

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)

RECEIVED
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

SUSAN L. STERLACCI, M.D., LLC
A Florida Limited Liability Company

ARTICLE 1

Name

The name of this Limited Liability Company is SUSAN L. STERLACCI, M.D.,
LLC.

ARTICLE 2

Duration

The duration of this limited liability company is perpetual from the date of
commencement of the limited liability company's existence. The date and time of
commencement of the limited liability company's existence is the time of filing of the original
articles of organization by the Department of State of the State of Florida.

ARTICLE 3

Principal Office and Registered Agent

The mailing and the street address of the principal office of the limited liability
company is 82 Coquina Ridge Way, Ormond Beach, FL 32174. The name and address of the
initial registered agent of the limited liability company is Susan L. Sterlacci, M.D., 82 Coquina
Ridge Way, Ormond Beach, FL 32174.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 4

Management

The company is to be a manager-managed company. The name and address of its Manager is: Susan L. Sterlacci, M.D., 82 Coquina Ridge Way, Ormond Beach, FL 32174.

ARTICLE 5

Continuation of Business

Upon the death, bankruptcy, retirement, resignation, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members may continue the legal existence and business of the limited liability company if (i) there is at least one remaining member or a new member is admitted, and (ii) within ninety (90) days after the occurrence of the event of dissolution, the members, by a majority in interest vote, consent in writing to the continuation of the business.

ARTICLE 6

Admission of Additional Members

No person may be admitted as an additional member without the prior written consent of the Managers. If such person is admitted, he or she shall be subject to the obligations and limitations in the Operating Agreement of the limited liability company, as amended for the additional members.

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CLAY COUNTY, FLORIDA
CLAY COUNTY, FLORIDA

IN WITNESS WHEREOF, the undersigned members do hereby execute and
acknowledge these articles of organization this 17 day of October, 2013.

Susan L. Sterlacci

Susan L. Sterlacci, M.D.
Manager/Member

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OR PROCESS**

Pursuant to Section 608.415 Florida Statutes, SUSAN L. STERLACCI, M.D.,
LLC, hereby designates Susan L. Sterlacci, M.D., 82 Coquina Ridge Way, Ormond Beach, FL
32174, as its registered agent and the street address of its registered office, respectively for
service of process within the State of Florida.

Susan L. Sterlacci

Susan L. Sterlacci, M.D.
Manager/Member

ACCEPTANCE OF DESIGNATION

The undersigned understands the obligations of and hereby accepts the foregoing
designation as registered agent of SUSAN L. STERLACCI, M.D. for service of process within
the State of Florida.

Susan L. Sterlacci

Susan L. Sterlacci, M.D.

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CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2013

PENNY K. EVERY
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH, FL 32174

SUBJECT: SUSAN L. STERLACCI, M.D., LLC
Ref. Number: W13000058181

2013 OCT 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SUSAN L. STERLACCI, M.D., LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00024514