

L14000144796

NY-40881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

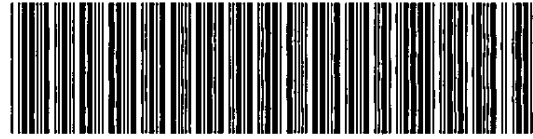
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



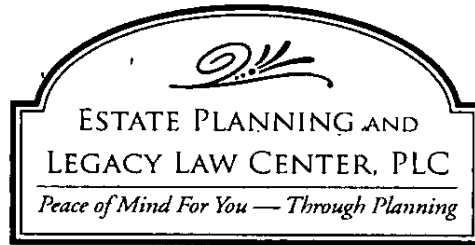
200264225092

09/11/14--01011--011 \*\*150.00

FILED  
14 SEP 11 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHARLES D. WILDER, J.D., LL.M. (TAX)  
ATTORNEY AT LAW  
BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES

NICHOLAS J. RUBINO, J.D.  
ATTORNEY AT LAW - OF COUNSEL



MELISSA M. PARKER, J.D.  
ATTORNEY AT LAW

JULIE JO ADAMS, J.D., LL.M. (TAX)  
ATTORNEY AT LAW

SARAH H. GRACE, J.D.  
ATTORNEY AT LAW

159 Lookout Place - Suite 101 - Maitland, FL 32751 - Phone: 407-647-PLAN (7526) - Fax: 407-644-2194 - www.epllc-plc.com

September 9, 2014

Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Wynne Properties, LLC

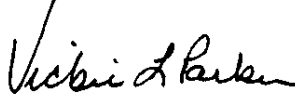
Dear Sir or Madam:

Enclosed please find the conversion package for Wynne Properties, LLC and our firm check in the amount of \$150.00. Please return a copy of the filed documents in the envelope provided.

If you have any questions regarding this matter, please do not hesitate to contact me at 407-647-7526 X102.

Sincerely,

ESTATE PLANNING AND LEGACY LAW CENTER, PLC

  
Vickie L. Parker, Paralegal to  
Melissa M. Parker

/vlp

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wynne Chiropractic, 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:

Melissa M. Parker  
(Contact Person)  
Estate Planning and Legacy Law Center, PLC  
(Firm/Company)  
159 Lookout Place, Suite 101  
(Address)  
Maitland, FL 32751  
(City, State and Zip Code)

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

For further information concerning this matter, please call:

Melissa M. Parker at ( 407 ) 647-7526  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)     \$155.00 Filing Fees and Certificate of Status     \$180.00 Filing Fees and Certified Copy     \$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:

Wynne Chiropractic, 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 5/4/1998  
(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**:

Wynne Chiropractic, 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 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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 SEP 11 PM 4:55  
FILED

Signed this 5 day of September 2014.

**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: [Signature]  
Printed Name: Kevin G. Wynne 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: [Signature]  
Printed Name: Kevin G. Wynne 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  
 14 SEP 11 PM 4:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Articles of Organization of the Wynne Chiropractic, LLC

## A Florida Limited Liability Company

### Section 1.01 Introduction and Preliminary Statements

The undersigned Organizer, desires to form a limited liability company pursuant to the Laws of the State of Florida by delivering in duplicate to the Secretary of State of the State of Florida these Articles of Organization, in accordance with the provisions of Florida Limited Liability Company Act, hereinafter referred to as the "Act".

### Section 1.02 Name

The name of the limited liability company, referred to as the "Company", is:

Wynne Chiropractic, LLC,  
A Florida Limited Liability Company

### Section 1.03 Duration

The Company shall exist for a perpetual duration from the date of filing these Articles of Organization with the Secretary of State of the State of Florida, unless dissolved according to law.

### Section 1.04 Objects and Purposes

The nature of the business and the objects and purposes to be transacted, promoted or carried on, and for which the Company is organized, are as follows: to carry on and engage in and conduct any lawful business or investment activities, and exercise all of the powers, rights and privileges which a limited liability company organized under the Act may have and exercise.

FILED  
14 SEP 11 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Section 1.05 Principal Place of Business**

The principal place of Business of the Company is:

Physical Address:  
365 Waymont Court  
Suite 101  
Lake Mary, Florida 32746

Mailing Address:  
365 Waymont Court  
Suite 101  
Lake Mary, Florida 32746

**Section 1.06 Registered Agent and Registered Office**

The name of the initial registered agent is Kevin G. Wynne and the original registered addresses are as follows:

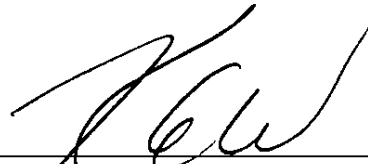
Physical Address:  
365 Waymont Court  
Suite 101  
Lake Mary, Florida 32746

Mailing Address:  
Kevin G. Wynne  
365 Waymont Court, Suite  
101  
Lake Mary, Florida 32746

**Section 1.07 Registered Agent Consent**

I, Kevin G. Wynne, a natural person and resident of Florida, accept the appointment as agent of Wynne Chiropractic, LLC, a Florida Limited Liability Company, upon whom process, notices and demands may be served, whose principal place of business and records are located at the address stated above. I understand that as agent it will be my responsibility to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State in the event of my resignation or any changes in the Registered Office Address.

Dated: October 4, 2012.



Kevin G. Wynne, Registered Agent

**Section 1.08 Name and Address of Organizer**

365 Waymont Court, Suite 101, Lake Mary, Florida 32746

### **Section 1.09 Additional Contributions**

Additional contributions to the Company shall be made at such times and in such amounts as may be provided in the Operating Agreement.

### **Section 1.10 Additional Members**

The Company shall have the right to admit additional Members to the Company in accordance with the terms and conditions of the Company's Operating Agreement. Any Member who is subsequently admitted as a Member of the Company shall have all of the rights and obligations of a Member under the Operating Agreement. Any transferee of a Member's Interests in the Company shall be treated as an Assignee until such time as that transferee is admitted as an Additional or Substitute Member, if ever, in accordance with the terms of the Operating Agreement

### **Section 1.11 Continuation of Business**

In the event of the death, disability, retirement, resignation, withdrawal, expulsion, or bankruptcy, of a Member, or the occurrence of an event, which terminates the continued membership of a Member in the Company, the remaining Members and Managers of the Company shall have the right to continue the business of the Company in accordance with the terms of the Operating Agreement. In the event that the remaining Members and Managers fail to continue the business of the Company in accordance with the terms of the Operating Agreement, the Company shall be dissolved and liquidated in accordance with the provisions of the Act and the Operating Agreement.

### **Section 1.12 Operating Agreement and Authority**

The manner in which the Company conducts its business and affairs, the duties and authority of its Members and Managers and the rights and obligations of its Members and Managers to the extent not expressly required by and provided for in the Act, shall be set forth in the Operating Agreement adopted by the initial Members and Managers of the Company. Said Operating Agreement may from time to time be amended in accordance with the provisions contained therein.

### **Section 1.13 Management**

The business of the Company shall be conducted under the management of its Manager who shall have exclusive authority to act for the Company in all matters. The authorities and duties of the Manager will be set forth in the Operating Agreement. The name and address of the initial Manager are:



Kevin G. Wynne  
365 Waymont Court  
Suite 101  
Lake Mary, Florida 32746

**Section 1.14 Indemnification and Liability**

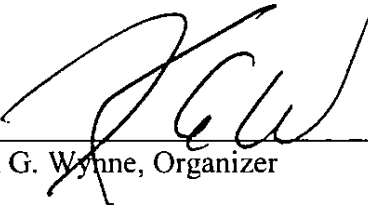
The Company may, as determined by the Managers of the Company, indemnify and advance expenses to a Member, Manager, employee or agent of the Company in connection with any proceeding, to the extent permitted by and in accordance with applicable laws and statutes and the Act and the Operating Agreement of the Company.

**Section 1.15 Transferability of Interest**

No interest in the Company may be transferred except as specifically set forth in the Operating Agreement of the Company.

IN WITNESS WHEREOF the undersigned forms this limited liability company on this date:

Executed on October 4, 2012.

  
\_\_\_\_\_  
Kevin G. Wynne, Organizer

**FILED**  
14 SEP 11 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA