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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

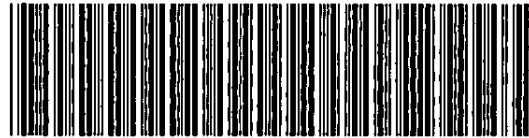
(Document Number)

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Special Instructions to Filing Officer:

W14-58151

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

OCT 13 2014
D. BRUCE

THE
COLEMAN LAW FIRM
PLLC

10161 CENTURION PARKWAY NORTH, SUITE 310 JACKSONVILLE, FLORIDA 32256
TEL: 904.448.1969 | FAX: 904.448.5244

October 6, 2014

Deborah Bruce
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Pearson Facial Plastic Surgery, PLLC | Ref No.: W14000058151

Dear Ms. Bruce:

We received your letter dated September 23, 2014 returning our filing of Articles of Conversion and Articles of Organization for correction. This letter is enclosed for your convenient reference. We have corrected the Articles of Conversion and Articles of Organization per your letter. **We request that the revised filings relate back to the date the department received the initial filing.**

Your earliest attention to this matter is greatly appreciated. Please contact me directly at 904 448-1969 ext. 110 or via email at ksausaman@thecolemanlawfirm.net if you have any questions or concerns.

Sincerely,


D. Kent Sausaman

Enclosures

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2014 OCT -3 PM 4:07
TALLAHASSEE, FLORIDA
DIVISION OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

DAVID C. PEARSON
1835-19 EAST WEST PARKWAY
ORANGE PARK, FL 32003

SUBJECT: PEARSON FACIAL PLASTIC SURGERY, PLLC
Ref. Number: W14000058151

We have received your document for PEARSON FACIAL PLASTIC SURGERY, PLLC 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00020337

2014 OCT -3 PM 4: 07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pearson Facial Plastic Surgery, PLLC
(Name of Resulting Florida Limited Company)

The enclosed Articles 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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

David C. Pearson

(Contact Person)

Pearson Facial Plastic Surgery, PLLC

(Firm/Company)

1835-19 East West Parkway

(Address)

Orange Park, Florida 32003

(City, State and Zip Code)

business@pearsonfaces.com

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

For further information concerning this matter, please call:

D. Kent Sausaman at (904) 448-1969

(Name of Contact Person)

(Area Code)

(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

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2014 OCT -3 PM 4:07
TALLAHASSEE FLORIDA

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

The Articles 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.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Pearson Facial Plastic Surgery, P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a For Profit Corporation (P04000117149).
(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
on August 11, 2004 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Pearson Facial Plastic Surgery, PLLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____.
(The effective date: 1) cannot be prior to date of receipt or filed date 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.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Signed this 7th day of October 202014.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: David C. Pearson Title: President

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

Signature: [Signature]
Printed Name: David C. Pearson Title: Member

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:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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CLERK OF CIRCUIT
JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pearson Facial Plastic Surgery, PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

1835-19 East West Parkway
Orange Park, Florida 32003

Mailing Address:

1835-19 East West Parkway
Orange Park, Florida 32003

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:

C Randolph Coleman

Name

10161 Centurion Parkway North Suite 310

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

Jacksonville

FL 32256

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

David C. Pearson

1835-19 East West Parkway

Orange Park, Florida 32003

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Pearson Facial Plastic Surgery, PLLC is formed by its Members for the specific purpose of rendering professional medical surgical services in the State of Florida.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David C. Pearson

Typed or printed name of signee

2014 OCT 3 PM 4:07
FILED
DEPT OF STATE
CORPORATE SERVICES
TALLAHASSEE, FLORIDA

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)