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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2014

HENRIETTA MARTINEZ 9780 E INDIGO ST SUITE 203 PALMETTO BAY, FL 33157

SUBJECT: PRIME MSO INVESTMENT CORP LLC

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Ref. Number: W14000054190

We have received your document for PRIME MSO INVESTMENT CORP 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):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00018950

COVER LETTER

TO:	Registration S Division of C					
SUB	TECT: Prime N	MSO Investment Co	rp LLC			
			of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to cor ccordance with s. 605.104:	
Pleas	e return all corre	espondence concernin	g this matter to:			
Hen	ietta Martinez					
		(Contact Person)				
Tota	l Medical Mana	agement LLC				
	···	(Firm/Company)				
9780	E Indigo Stre	et, Suite 203				
		(Address)				
Palm	netto Bay, FL	33157				
		City, State and Zip Code)				
henr	ietta@tmminc.	• •				
		e used for future annual re	port notifications)			
Pos 6						
		on concerning this ma	•			
Heni	ietta Martinez		_at (<u>305</u>	252	-9485	
	(Name of Conta	ct Person)	(Area Code)	(Day	time Telephone Number)	
Enclo	sed is a check for	or the following amou	int:			
(\$25 fo & \$12	60.00 Filing Fees or Conversion 5 for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STRI	EET ADDRESS	S:	MAILI	NG A	ADDRESS:	
Regis	tration Section		Registra	_	=: = :	
	ion of Corporati	ions			Corporations	
	n Building	on Cinala	P. O. Bo			
∠00 I	Executive Cente	er Circie	i ailaha:	ssee,	FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(1	Enter Name of Other Business Entity)			
2. The "Other Business Entity" i	corporation			
2. The Other Business Bhirty	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)			
First organized, formed or incorp	porated under the laws of Florida			
on 06/20/2014	(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 Limi Prime MSO Investment LLC	ited Liability Company as set forth in the attached Artic	les of Org	ganiza	ition:
	me of Florida Limited Liability Company)			
date this document is filed by t	filing, enter the effective date: be prior to date of receipt or filed date nor more than the Florida Department of State; AND 2) must be the cles of Organization, if an effective date is listed there	same as t		
5. The plan of conversion has be	en approved in accordance with all applicable statutes.	Zo		
	Page 1 of 2	ECRETAR) LLAHASSI	14 OCT 17	m, Vý

	•				
Signed this 30 da	y of <u>September</u>	20 <u></u>			
Signature of Authorized	l Representative of Limi	ted Liability Company:			
Signature of Authorized I	Representative:	Title: Member Manager			
		[See below for required signature(s).]	•		
Signature:	11.//	see below for required signature(s).			
Printed Name: Raymond	Levy (Title: CEO	-		
Signature: Melayna Printed Name: Melayna	Stephens /	_ Title: COO	-		
Signature: Leun	the MorAne		_		
Printed Name: Henrietta		Title: CFO			
		Title:	•		
Signature:		Title:	-		
		ride:	-		
Printed Name:		Title:	-		
	ice Chairman, Director, or we not been selected, an In				
If Florida General Partn Signature of one General	ership or Limited Liabili Partner.	ty Partnership:			
If Florida Limited Partn Signatures of <u>ALL</u> Gener	ership or Limited Liabili al Partners.	ty Limited Partnership:	Su.		
All others: Signature of an authorized	l person.		LLAIK	14 OCT	;
Fees:			ARY :	17	E service Exicaces K
Articles of Conve Fees for Florida A Certified Copy: Certificate of Sta	Articles of Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	OF STATE	PH 5: 17	Sylvania Sylvania Large

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Prime MSO Investment LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
0700 5 Indian Otract O. 11, 000		
9780 E Indigo Street, Suite 203 Palmetto Bay, FL 33157	9780 E Indigo Street, Suite 203 Palmetto Bay, FL 33157	
ramotto Bay, r E 30107	Tannetto Bay, TE 30107	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
	-5	
Raymond-LevyName	· · · · · ·	
Name		
9780 E Indigo Street, Suit		
Florida street address (P.O.	Box NOT acceptable)	
Palmetto Bay	FL 33157	
City	Zip	
registered agent and agree to act in this capaci- statutes relating to the proper and complete p	this certificate, I hereby accept the appointment ty. I further agree to comply with the provision performance of my duties, and I am familiar whistered agent as provided for in Chapter 605, ature (REQUIRED)	nt as ns of al ith and
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Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Paymond Love
MGR	Raymond Levy 9780 E Indigo Street, Suite 203
	Palmetto Bay, FL 33157
	Faimento Day, I L 33131
AMBR	Melayna Stephens
AUTOR	9780 E Indigo Street, Suite 203
	Palmetto Bay, FL 33157
	Tallione Bay, 1 E GO TO
AMBR	Henrietta Martinez
	9780 E Indigo Street, Suite 203
	Palmetto Bay, FL 33157
(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing: (OPTIONAL
CLE V: Effective date, if other than th	
CLE V: Effective date, if other than th effective date is listed, the date must 0 days after the date of filing.)	e date of filing: (OPTIONAL
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing: (OPTIONAL be specific and cannot be more than five business date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of almember in accordance with section 605.0203 (the date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of almember in accordance with section 605.0203 (constitutes an affirmation under the pen	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of almember in accordance with section 605.0203 (constitutes an affirmation under the penam aware that any false information section for the penamical of the penam	er or an authorized representative of a member. (1) (b), Florida Statutes, the elecution of this document halties of perjury that the facts stated herein are true. In the document of State of the document of the do
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2