

#L14000172192

(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



500265711465

10/31/14--01033--008 \*\*185.00

FILED  
2014 OCT 31 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV -5 2014

**Dr. Madhurima Sanka  
Advanced Allergy & Asthma Care, PLLC  
(FKA Advanced Allergy & Asthma Care, PA  
6233 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781**

To:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Advanced Allergy & Asthma Care, PLLC

Dear Sir or Madam:

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. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Dr. Madhurima Sanka  
Advanced Allergy & Asthma Care, PLLC  
6233 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

For further information concerning this matter, please call:  
Samantha Chechele, Attorney at Law, 727-381-6001

Very truly yours,



Dr. Madhurima Sanka  
Advanced Allergy & Asthma Care, PLLC

Enclosures

**CERTIFICATE OF CONVERSION**

**FOR**

**"OTHER BUSINESS ENTITY"**

**into**

**FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
2014 OCT 31 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 section 605.1045, Florida Statutes.

**ARTICLE I – PREVIOUS NAME**

The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is Advanced Allergy & Asthma Care, PA

#P99000032351

**ARTICLE II – ENTITY TYPE**

The "Other Business Entity" is a corporation, first organized and formed under the laws of the State of Florida on April 8, 1999.

**ARTICLE III – NEW NAME**

The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Advanced Allergy & Asthma Care, PLLC

**ARTICLE IV – EFFECTIVE DATE**

The change of entity type is effective as of the date of filing.

**ARTICLE V – PLAN OF CONVERSION APPROVAL**

The plan of conversion has been approved in accordance with Fla Stat. ss.605.1041-605.1046. Such approval is attached and is incorporated herein by reference.

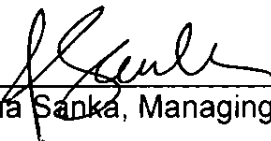
FILED

2014 OCT 31 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

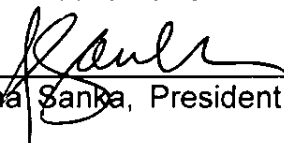
Signed this 29th day of August, 2014

Signature of Authorized Representative of Limited Liability Company



Madhurima Sanka, Managing Member, Advanced Allergy & Asthma Care, PLLC

Signature on behalf of Other Business Entity



Madhurima Sanka, President and Director, Advanced Allergy & Asthma Care, PA

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Madhurima Sanka, known to me to be the person who executed the foregoing Certificate of Conversion, in the capacit(ies) indicated and who acknowledged before me that she executed this Certificate of Conversion

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 29th day of August, 2014.



Notary Public, State of Florida at Large  
My Commission Expires:




## CONSENT TO CERTIFICATE OF CONVERSION


WE, Madhurima Sanka and Latha M. Chamarchy, the sole shareholders and all of the shareholders who have the right to vote, as shareholders of the business entity now known as Advanced Allergy and Asthma Care, P.A., do hereby consent to the filing of Articles of Conversion, converting this entity into a limited liability company named as Advanced Allergy and Asthma Care, PLLC.

We will remain the sole members of the entity, as it is converted from a corporation to a limited liability company.

This consent is made by us acting without meeting, and in accordance with Section 605.1041-605.1046 of the Florida Statutes.

We hereby set our hands and seals this 29<sup>th</sup> day of August, 2014.

  
\_\_\_\_\_  
Madhurima Sanka

  
\_\_\_\_\_  
Latha M. Chamarchy

FILED  
2014 OCT 31 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED**  
**LIABILITY COMPANY**

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Advanced Allergy & Asthma Care, PLLC

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
6233 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

Mailing Address:  
6233 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

FILED  
2014 OCT 31 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Madhurima Sanka  
6233 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

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.

  
\_\_\_\_\_  
Madhurima Sanka, Registered Agent

#### **ARTICLE IV - MANAGERS**

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

Madhurima Sanka 6233 66 <sup>th</sup> St. N. Pinellas Park, FL 33781	Managing Member
--	-----------------

Latha M. Chamorthy 6233 66 <sup>th</sup> St. N. Pinellas Park, FL 33781	Managing Member
---	-----------------

FILED  
2014 OCT 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### **ARTICLE V- EFFECTIVE DATE**

The Articles of Organization shall be effective as of the date of filing.

#### **ARTICLE VI – NATURE OF BUSINESS and PURPOSE**

The primary purpose of the company is to engage in the Licensed Practice of Medicine in the State of Florida, or any other jurisdiction in the United States, and to engage in any lawful activities ancillary to the foregoing.

#### **ARTICLE VII – LIMITATION OF MEMBERSHIP**

The membership in the Company shall be exclusive and limited to individuals who are members of the medical profession and licensed to practice medicine in the State of Florida. The members of the Company may be licensed as M.D. or D.O.

**REQUIRED SIGNATURE:**

In accordance with Section 605.023(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.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 29<sup>th</sup> day of August, 2014.

  
\_\_\_\_\_  
Madhurima Sanka

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Madhurima Sanka, known to me to be the person who executed the foregoing Articles of Organization, or who presented FLORIDA D. LICENSE as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 29<sup>th</sup> day of August, 2014.

  
\_\_\_\_\_  
Notary Public, State of Florida at Large



FILED  
2014 OCT 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA