

L14000192191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

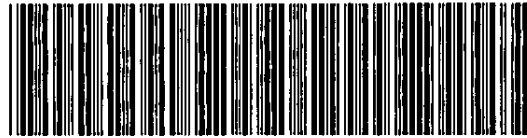
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

eff date 1/1/15

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Cert of Conv.

12/11/14--01009--006 **150.00

L14-192191

FILED
14 DEC 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. SEIFERT'S CLINIC, LLC.

(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:

WALTER SEIFERT MD

(Contact Person)

(Firm/Company)

393 CENTERPOINTE CIRCLE, STE 1483

(Address)

ALTAMONTE SPRINGS, FL 32701

(City, State and Zip Code)

drseifert@me.com

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

For further information concerning this matter, please call:

WALTER SEIFERT

(Name of Contact Person)

at (321)

(Area Code)

280-3949

(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

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

FILED
14 DEC 11 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
DR. SEIFERT'S CLINIC, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION P11-101616
(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 11/28/2011 (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**:
DR. SEIFERT'S CLINIC, LLC.

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 01/01/2015
(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.

Signed this 04 day of DECEMBER 20 2014

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Walter Seifert

Printed Name: WALTER SEIFERT

Title: MANAGER

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

Signature: Walter Seifert

Printed Name: WALTER SEIFERT

Title: PRESIDENT

Signature: Sonia Ramirez MD

Printed Name: SONIA RAMIREZ-SEIFERT

Title: VICE PRESIDENT

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DR. SEIFERT'S CLINIC, LLC.

(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:

393 CENTERPOINTE CIRCLE
SUITE 1483
ALTAMONTE SPRINGS, FL 32701

Mailing Address:

393 CENTERPOINTE CIRCLE
SUITE 1483
Altamonte Springs, FL 32701

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:

WALTER SEIFERT

Name

393 CENTERPOINTE CIRCLE SUITE 1483

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

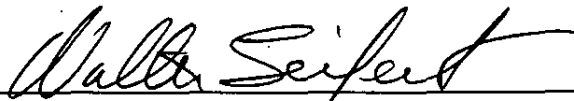
ALTAMONTE SPRINGS FL 32701

City

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

WALTER SEIFERT MD
393 CENTERPOINTE CIR STE 1483
ALTAMONTE SPRINGS, FL 32701

MGR

SONIA RAMIREZ-SEIFERT MD
393 CENTERPOINTE CIR STE 1483
ALTAMONTE SPRINGS, FL 32701

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (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.

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.)

WALTER SEIFERT

Typed or printed name of signee

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)