

LIS000026291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

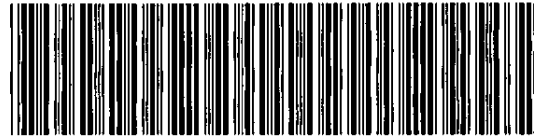
LIS-26291

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/18/15--01014--005 **25.00

RECEIVED
DEPARTMENT OF STATE
JUN 18 AM 10:20
TO ATTORNEY
SUFFICIENT OF FILING

FILED
2015 JUN 19 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 19 2015

Wolters Kluwer

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

SCA SPECIALISTS OF FLORIDA, LLC

L15000026291

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Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	Conversion
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/18/2015

ST

Order#:
9592714

Ref#: _____

Amount: \$ _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2015

WOLTERS KLUWER
ST

SUBJECT: SCA SPECIALISTS OF FLORIDA, LLC
Ref. Number: L15000026291

We have received your document for SCA SPECIALISTS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00012891

RECEIVED

15 JUN 19 PM 3:48

RECEIVED

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCA Specialists of Florida, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Kineshia Collins

Contact Person

Surgical Care Affiliates, LLC

Firm/Company

569 Brookwood Village, Suite 901

Address

Birmingham, AL 35209

City, State and Zip Code

kineshia.collins@scasurgery.com

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

For further information concerning this matter, please call:

Kineshia Collins

at (205) 263-7863

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
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

CR2E106 (07/14)

FILED

2015 JUN 19 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company** into an **"Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

SCA Specialists of Florida, LLC L15-26291

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

SCA Specialists of Florida, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

(Enter state, or if a non-U.S. entity, the name of the country)

on June 17, 2015

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: date of filing
(The effective date: 1) cannot be prior to 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 of the conversion under the laws governing the "Other Business Entity.")

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 569 Brookwood Village, Suite 901, Birmingham, AL 35209

Mailing Address: 569 Brookwood Village, Suite 901, Birmingham, AL 35209

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 16th day of June, 2015

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Richard L. Sharff, Jr. Title: Vice President

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

FILED
2015 JUN 19 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Florida.
- 2.) The jurisdiction immediately prior to filing this Certificate is Florida.
- 3.) The date the Non-Delaware Limited Liability Company first formed is February 11, 2015.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is SCA Specialists of Florida, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is SCA Specialists of Florida, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
15th day of June, A.D. 2015.

By: RLSLOO
Authorized Person

Name: Richard L. Sharff, Jr.
Print or Type

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

• **First:** The name of the limited liability company is SCA Specialists of Florida, LLC

• **Second:** The address of its registered office in the State of Delaware is 1209 Orange
Street in the City of Wilmington
Zip Code 19801.

The name of its Registered agent at such address is The Corporation Trust Company

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
15th day of June, 20 15.

By: 
Authorized Person(s)

Name: Richard L. Sharff, Jr.
Typed or Printed