

L15600029575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

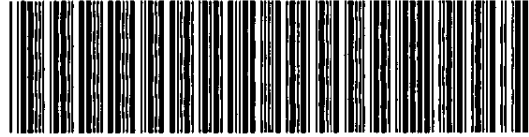
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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15 FEB 13 AM 10:00  
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2015 FEB 13 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 18 2015  
J. HARRIS

~~9518-5111~~

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JORGE J. LEAL, M.D., UROLOGIST, 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:

Lisa Braden

(Contact Person)

Lisa Braden, P.A.

(Firm/Company)

4623 Forest Hill Blvd., Suite 108-1

(Address)

West Palm Beach, Florida 33415

(City, State and Zip Code)

[lisa@lisabraden.com](mailto:lisa@lisabraden.com)

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

For further information concerning this matter, please call:

Lisa Braden

at ( 561 ) 641-1888

(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

**LISA BRADEN, P.A.**  
4623 FOREST HILL BLVD., SUITE 108-1  
WEST PALM BEACH, FLORIDA 33415  
E-Mail: lisa@lisabraden.com

Website: [www.lisabraden.com](http://www.lisabraden.com)

Telephone: (561) 641-1888

January 20, 2015

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: JORGE J. LEAL, M.D., P.A.

To

JORGE J. LEAL, M.D., UROLOGIST, LLC

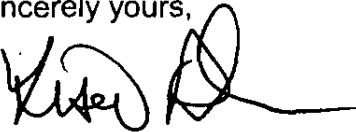
Articles of Conversion & Articles of Organization

Dear Sirs:

Please find enclosed the Articles of Conversion & Articles of Organization for JORGE J. LEAL, M.D., P.A. to JORGE J. LEAL, M.D., UROLOGIST, LLC along with a check in the amount of \$180.00.

Please return the **filed** Articles of Conversion & Articles of Organization to my office.

Sincerely yours,



Lisa Braden

enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2015

LISA BRADEN  
LISA BRADEN, P.A.  
4623 FOREST HILL BLVD, SUITE 108-1  
WEST PALM BEACH, FL 3415

SUBJECT: JORGE J. LEAL, M.D., UROLOGIST, LLC  
Ref. Number: W15000008155

We have received your document for JORGE J. LEAL, M.D., UROLOGIST, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 915A00002302

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2015 FEB 13 AM 10:28  
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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:  
JORGE J. LEAL, M.D., P.A. F08426  
(Enter Name of Other Business Entity)

2. The "Other Business Entity,, is a Corporation  
(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 December 1, 1980 (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:**  
JORGE J. LEAL, M.D., UROLOGIST, LLC  
(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.

**FILED**  
2015 FEB 13 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20th day of January 2015.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: Jorge J. Leal

Title: Manager

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

Signature: \_\_\_\_\_

Printed Name: Jorge J. Leal

Title: President

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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JORGE J. LEAL, M.D., UROLOGIST, 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:

825 N. Courtenay Pkwy.  
Merritt Island, FL 32953

### Mailing Address:

825 N. Courtenay Pkwy.  
Merritt Island, FL 32953

## 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:

Jorge J. Leal

Name

825 N. Courtenay Pkwy.

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

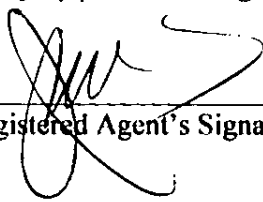
Merritt Island

FL 32953

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)

Page 1 of 2

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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

MGR

**Name and Address:**

Jorge J. Leal

825 N. Courtenay Pkwy.

Merritt Island, Florida 32953

(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.

**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.)

Jorge J. Leal

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)**