

L15000037207

(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



500269024995

02/04/15--01017--017 **25.00

02/04/15--01017--018 **125.00

FILED
15 FEB 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 2 2015

T. HAMPTON

15-10527

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Angel Anesthesia

Name of Florida Partnership

The enclosed Certificate of Conversion and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margaret T. Stopp

Contact Person

Moore, Hill & Westmoreland, P.A.

Firm/Company

Post Office Box 13290

Address

Pensacola, FL 32591-3290

City, State and Zip Code

mstopp@mhw-law.com

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

For further information concerning this matter, please call:

Margaret Stopp

Name of Contact Person

at (850)

434-3541

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$33.75 Filing Fee
and Certificate of
Status

☐ \$77.50 Filing Fee
and Certified Copy

☐ \$86.25 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
15 FEB 27 2015 10:00

SUNSHINE
SUNSHINE
INFORMATION SERVICES

February 12, 2015

MARGARET T STOPP
MOORE, HILL & WESTMORELAND, PA
P O BOX 13290
PENSACOLA, FL 32591-3290

SUBJECT: BLUE ANGEL ANESTHESIA, LLC
Ref. Number: W15000010527

We have received your document for BLUE ANGEL ANESTHESIA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF CONVERSION TO OTHER BUSINESS ENTITY, but your entity is a ARTICLES OF CONVERSION TO FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 815A00003003

MOORE, HILL & WESTMORELAND, P.A.

ATTORNEYS AT LAW

H. EDWARD MOORE, JR. *
LARRY HILL, *
YANCEY F. LANGSTON
CHARLES F. BEALL, JR. *†
GEORGE R. MEAD, II
MARGARET T. STOPP
DOUGLAS S. WOODWARD *
DANIEL M. EWERT
KIMBERLY S. SULLIVAN
R. ALEX ANDRADE

Ninth Floor
SunTrust Tower
220 West Garden Street
Pensacola, Florida 32502
Telephone (850) 434-3541

J. LOFTON WESTMORELAND
(1946 - 2004)

Post Office Box 13290
Pensacola, Florida 32591-3290

Telecopier (850) 435-7899

Internet
<http://www.mhw-law.com>

* Board Certified Civil Trial Lawyer
† Board Certified Appellate Lawyer
‡ Certified Circuit Court Mediator
* Also Admitted in Alabama

February 24, 2015

Writer's Email Address:
jpinette@mhw-law.com

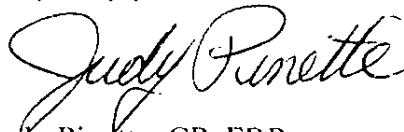
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Blue Angel Anesthesia, LLC
Ref. No. W15000010527

Dear Sir or Madam:

In regard to your letter dated February 12, 2015, a copy of which is attached, enclosed are the required Articles of Conversion and Articles of Organization for Blue Angel Anesthesia, LLC. If you have any questions or need anything further, please do not hesitate to contact us.

Very truly yours,



Judy Pinette, CP, FRP
Paralegal to Margaret T. Stopp
MOORE, HILL & WESTMORELAND, P.A.

/jap
Enclosures

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:
Blue Angel Anesthesia

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a General Partnership

(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 January 9, 2015
(date of organization, formation or incorporation)

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

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Blue Angel Anesthesia, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

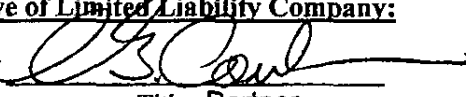
(The effective date: **1**) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2**) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

FILED
15 FEB 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 1st day of Feb. 20 15

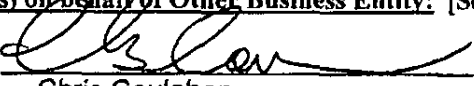
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Chris Coulahan

Title: Partner

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

Signature: 

Printed Name: Chris Coulahan

Title: Partner

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)

FILED
15 FEB 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Angel Anesthesia, 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:

4600 N. Davis Highway
Pensacola, FL 32503

Mailing Address:

4600 N. Davis Highway
Pensacola, FL 32503

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:

Chris Coulahan

Name

4600 N. Davis Highway

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

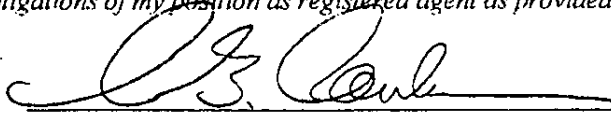
Pensacola

City

FL 32503

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)

FILED
15 FEB 27 AM 11:48
SECRETARY OF STATE
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

AMBR

Name and Address:

Tipton George McKnight

6160 N. Davis Highway

Pensacola, FL 32503

AMBR

Frank Castagna

6160 N. Davis Highway, Suite 1

Pensacola, FL 32503

AMBR

Ben Clark

4541 N. Davis Highway

Pensacola, FL 32503

(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.)

Chris Coulahan

Typed or printed name of signer

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)

Page 2 of 2

FILED
15 FEB 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA