

L15000095200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

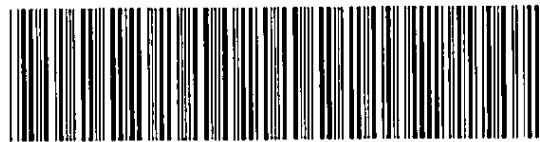
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
NOV 13 2019

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Renee Kent
rkent@incserv.com
302.531.3150

REQUEST DATE 11/11/2019

PRIORITY Expedite

OUR REF # (Order ID#) 780346

ORDER ENTITY

BLUE SKY SOLUTIONS GROUP, PLLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BLUE SKY SOLUTIONS GROUP, PLLC (FL)

File the attached conversion document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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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:

BLUE SKY SOLUTIONS GROUP, PLLC

Enter Name of Florida Limited Liability Company

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

BLUE SKY ANESTHESIA ASSOCIATES PLLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a PROFESSIONAL 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 NEW HAMPSHIRE
(Enter state, or if a non-U.S. entity, the name of the country)

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: 11/8/19
(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.

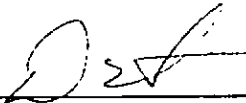
Street Address: 109 Chestnut Hill Rd
Farmington, NH 03835

Mailing Address: 109 Chestnut Hill Rd
Farmington, NH 03835

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19 NOV 12 AM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 8th day of November, 2019

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Dwayne Thibeault Title: Managing Member

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