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# CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303

	WALKIN
	PICK UP: 8/20
X	CERTIFIED COPY
	РНОТОСОРУ
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X	FILING CONJEYSION
1.	Christian Gonzalez, M.D., P.A
	(CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	
••	(CORPORATE NAME AND DOCUMENT #)
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	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)
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SPECIA INSTRU	L ICTIONS:

# **COVER LETTER**

Division of					
SUBJECT: CHRIST	TIAN GONZALEZ, M.D.,	LLC			
		of Resulting Florida Lin	nited Company)		
			and fees are submitted to convert an "Other accordance with s. 605.1045, F.S.		
Please return all cor	respondence concernir	ng this matter to:			
CHRISTIAN GONZAL	LEZ				
	(Contact Person)				
	(Firm/Company)				
16850 COLLINS AVE	NUE, SUITE #112-245		·		
	(Address)				
SUNNY ISLES BEACI	H, FLORIDA 33160				
(	(City, State and Zip Code)				
CJIMENEZ@TDSLAV	VYERS.COM				
E-mail Address: (to	be used for future annual re	eport notifications)			
For further informat	ion concerning this ma	utter, please call:			
CHRISTIAN GONZAL	.EZ	at ( <sup>305</sup> ) <sup>97</sup>	4-5533		
(Name of Cont	act Person)	(Area Code) (I	Daytime Telephone Number)		
Enclosed is a check	for the following amou	ınt:			
\$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	S \$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES	SS:		ADDRESS:		
Registration Section		<del>-</del>	tration Section		
Division of Corporal Clifton Building	tions	Division of P. O. Box (	f Corporations		
2661 Executive Cen	ter Circle		e, FL 32314		
			-,		

INHS11 (02/15)

Tallahassee, FL 32301

# **Articles of Conversion**

For

# "Other Business Entity"

Into

# Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Busine CHRISTIAN GONZALEZ, M.D., P.A.	ess Entity" immediately prior to the filing of the Articles of Conversion is:
(E	nter Name of Other Business Entity)
2. The "Other Business Entity" is	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorpo	orated under the laws of FLORIDA
on 03/30/2011	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or in	ncorporation)
3. The name of the Florida Limite CHRISTIAN GONZALEZ, M.D., LLC	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nam	e of Florida Limited Liability Company)
date this document is filed by the date listed in the attached Articl	e prior to date of receipt or filed date nor more than 90 days after the e Florida Department of State; <u>AND</u> 2) must be the same as the effective es of Organization, if an effective date is listed therein.)  Description of the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been	approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE

Signed thisday of Clerce	20 15
Signature of Authorized Representati	
Signature of Authorized Representative: Printed Name: CHRISTIAN D. GONZALEZ	
Signature(s) on behalf of Other Busines	ss Entity: [See below for required signature(s)]
Signature: Printed Name: CHRISTIAN GONZALEZ	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, I	
If Directors or Officers have not been sele	ected, an Incorporator must sign.
If Florida General Partnership or Limi Signature of one General Partner.	ited Liability Partnership:
<b>If Florida Limited Partnership or Limi</b> Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

TIVISION OF CORPORATION

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHRISTIAN GONZALEZ, M.D., 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:**

### **Mailing Address:**

16850 COLLINS AVENUE

SUITE #112-245

SUNNY ISLES BEACH, FLORIDA 33160

16850 COLLINS AVENUE

SUITE #112-245

SUNNY ISLES BEACH, FLORIDA 33160

# 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:

**CHRISTIAN GONZALEZ** 

Name

16850 COLLINS AVENUE, SUITE #112-245

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

SUNNY ISLES BEACH

FI 33160

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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SECRETARY OF STATE DIVISION OF CORPORATIONS

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	CHRISTIAN GONZALEZ
	16850 COLLINS AVENUE, SUITE #112-245
	SUNNY ISLES BEACH, FLORIDA 33160
to or 90 days after the date of filing.)	et the applicable statutory filing requirements, this date will not be light as the
ARTICLE VI: Other provisions, if any.	AUG 20
	n noc
	270
REQUIRED SIGNATURE:	58
	7
	/////
(In accordance with section 605.020 constitutes an affirmation under the pe I am aware that any false information constitutes a third degree felony as pro-	. ,
CHRISTIAN GONZAL	t.L

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) Page 2 of 2