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WALK-IN

ENTITY NAME:

LISA JHOHNSON PHYSICAL THERAPY, PLLC

CK# 7057 FOR \$150.00

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

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.

. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: LISA JOHNSON PHYSICAL THERAPY, PLLC
(Enter Name of Other Business Entity)
. The "Other Business Entity" is a Professional Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of New York
08/01/2014 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
JISA JOHNSON PHYSICAL THERAPY, PLLC
(Enter Name of Florida Limited Liability Company)
. 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 late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

SECRETARY OF STATE
NUMBER OF CARROLATIONS
AR OCT ON THE STATE

Signed this 28th day of October	<u> 20-15 .</u>		
Signature of Authorized Representative of Limited Liability Company:			
Signature of Authorized Representative: Printed Name: Kristine Duran	Title: Astorney-in-Fact		
Signature(s) on behalf of Other Business Entity: See below for required signature(s)]			
Signature:			
Printed Name: Kristine Duran	Title: Attorney-in-Fact		
Signature: Printed Name:	Title:		
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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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

ARTICLES OF ORGANIZATION

Article I. Name

The name of this Florida limited liability company is: Lisa Johnson Physical Therapy, PLLC

The Company is being formed for the practice of physical therapy services.

Article II. Address

The street address of the Company's initial principal office is: Lisa Johnson Physical Therapy, PLLC 9406 Hawksmoon Lane Sarasota FL 34238

The mailing address of the Company's initial principal office is: Lisa Johnson Physical Therapy, PLLC 9406 Hawksmoon Lane Sarasota FL 34238

Article III. Registered Agent

The name and street address of the Company's registered agent is:

Lisa Johnson 9406 Hawksmoon Lane Sarasota FL 34238

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the cassigner was entitled, to the extent assigned.

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Article V. Distribution of Profits

Unless otherwise provided in the Company's Operating Agreement, there shall not be any distribution of profits unless each separate distribution is approved by the affirmative vote of members who own more than 50% of the voting interest in the Company. The voting members shall have complete discretion on when and if to approve any distribution of profits.

Article VI, Management

This will be a member-managed company. The name and address of each member is:

Lisa Johnson 9406 Hawksmoon Lane Sarasota FL 34238

Article VII. Company Existence

The undersigned authorized representative of a member executed these Articles of Organization on 10/28/2015.

CORPORATE CREATIONS INTERNATIONAL INC.

Michael Reinhold Vice President Kristing Duran as attorney-in-fact

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STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY:

Lisa Johnson Physical Therapy, PLLC

REGISTERED AGENT/OFFICE:

Lisa Johnson 9406 Hawksmoon Lane Sarasota FL 34238

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

NSA JOHNSON

b) Kristing Duran as attorney-in-fact

Date: October 28, 2015.

Corporate Creations International Inc. 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107 SECRETARY OF STATE STATE OF STREETS TO BE