

LI 6000036529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

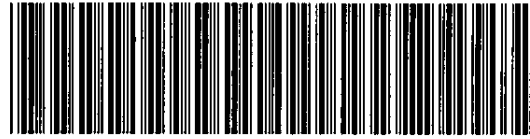
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1128-



700280059847

01/11/16--01018--011 **150.00

FILED
16 FEB 18 PM 4:02
TALLAHASSEE, FLORIDA

gf 2/23/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I & B Medical Associates, PLLC
(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:

Sarah Gross, Paralegal

(Contact Person)

Law Offices of Frye & Vazquez, PL

(Firm/Company)

20900 West Dixie Highway

(Address)

Aventura, Florida 33180

(City, State and Zip Code)

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

For further information concerning this matter, please call:

Sarah Gross at (305) 931-3200
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$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

INHS11 (06/15)

FILED
16 FEB 18 PM 4:02
TALLAHASSEE, FL 32301

Law Offices of Frye & Vazquez, P.L.

Attorneys at Law

Austin A. Frye, Esq.
Also admitted in MA & NY

Minerva Vazquez, Esq.

Asset Protection
Corporate Planning
Probate Administration
Estate & Trust Planning
Special Needs Planning
Trust Administration
Guardianship

FAX COVER LETTER

DATE: February 18, 2016

TO: Claretha Golden, New Filing Section
Division of Corporations

FROM: Sarah Gross, Paralegal

FAX NUMBER (850) 245-6804

NO. OF PAGES: 3

REGARDING: I & B Medical Associates, PLLC
Conversion docs
Reference No. W16000004286

FILED
16 FEB 18 PM 4:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

MESSAGE: Per our telephone conversation, attached are the Articles of Organization which now include the specific purpose of the entity, more clearly stated.

Thank you.

CONFIDENTIALITY NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address above. Thank you.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2016

SARAH GROSS
20900 WEST DIXIE HIGHWAY
AVENTURA, FL 33180

SUBJECT: I & B MEDICAL ASSOCIATES, PLLC
Ref. Number: W16000004286

RECEIVED
16 FEB -8 PM 2:26
STATE OF FLORIDA
DIVISION OF CORPORATIONS

We have received your document for I & B MEDICAL ASSOCIATES, PLLC and your check(s) totaling \$150.00. 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.

~~The specific purpose of the entity must be set forth in the document.~~

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 216A00001404

FILED
16 FEB 18 PM 4:02
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
16 FEB 18 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

I & B MEDICAL ASSOCIATES, INC.

(Enter Name of Other Business Entity) P61000093961

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 SEPTEMBER 26, 2001 (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**:

I & B MEDICAL ASSOCIATES, PLLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: DATE OF FILING

(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.)

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.

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

Signed this 21st day of DECEMBER 2015.


Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: CLAUDE A. INNOCENT

Title: MEMBER

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

Signature: 

Printed Name: CLAUDE A. INNOCENT

Title: OFFICER

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
16 FEB 18 PM 4:02
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I & B MEDICAL ASSOCIATES, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 FEB 18 PM 4:02

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9400 NW 12TH AVENUE
BAY 1
MIAMI, FL 33150

Mailing Address:

9400 NW 12TH AVENUE
BAY 1
MIAMI, FL 33150

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:

LAW OFFICES OF FRYE & VAZQUEZ, PL

Name

20900 W. DIXIE HIGHWAY

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

AVENTURA

City

FL 33180

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)

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

AMBR

Name and Address:

CLAUDE A. INNOCENT

9400 NW 12TH AVENUE, BAY 1

MIAMI, FL 33150

ALANDE BREZAULT

9400 NW 12TH AVENUE, BAY 1

MIAMI, FL 33150

16 FEB 18 PM 4:02

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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.)

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.

ARTICLE VI: Other provisions, if any. PURPOSE: FOR A MEDICAL PRACTICE - HAVE LICENSE.
TO continue the business of I & B Medical Associates, Inc.
and to engage in any lawful act or activity for which a
Limited Liability company may be formed within the State of Florida.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

CLAUDE A. INNOCENT

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)