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(Address)

(Address)

(City/State/Zip/Phone #)

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16 MAY 17 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Guffigan MAY 24 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOSENIE DESAMOUR MD, LLC  
\_\_\_\_\_  
(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:

JOSENIE DESAMOUR  
\_\_\_\_\_  
(Contact Person)

JOSENIE DESAMOUR MD, LLC  
\_\_\_\_\_  
(Firm/Company)

441 NW 188TH TERRACE  
\_\_\_\_\_  
(Address)

PEMBROKE PINES, FLORIDA 33029  
\_\_\_\_\_  
(City, State and Zip Code)

josedesamour1@bellsouth.net  
\_\_\_\_\_  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JOSENIE DESAMOUR at ( 305 ) 3191521  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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
- \$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

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

FILED  
16 MAY 17 PM 12:19  
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:  
JOSENIE DESAMOUR, MD, PA

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a PA  
(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, US  
on 02/10/2014  
(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**:  
JOSENIE DESAMOUR.MD, LLC

(Enter Name of Florida Limited Liability Company)

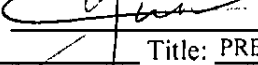
4. If not effective on the date of filing, enter the effective date: 05/01/2016  
(The effective date: **1**) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2**) must be the same as the effective date 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 2TH day of MAY 2016.

**Signature of Authorized Representative of Limited-Liability Company:**

Signature of Authorized Representative:   
Printed Name: JOSENIE DESAMOUR Title: PRESIDENT

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

Signature:   
Printed Name: JOSENIE DESAMOUR 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, 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)

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOSENIE DESAMOUR. MD, 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:**

441 NW 188TH TERRACE  
PEMBROKE PINES, FLORIDA 33029

**Mailing Address:**

441 NW 188TH TERRACE  
PEMBROKE PINES, FLORIDA 33029

**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:

JOSENIE DESAMOUR

Name

441 NW 188TH TERRACE

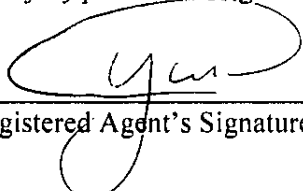
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES, FLORIDA      FL 33029

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
PRESIDENT

**Name and Address:**

JOSENIE DESAMOUR  
441 NW 188TH TERRACE  
PEMBROKE PINES, FLORIDA 33029

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

(Use attachment if necessary)

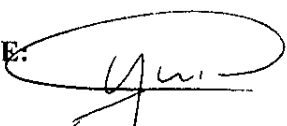
**ARTICLE V:** Effective date, if other than the date of filing: 05/01/2016 (OPTIONAL)  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.

\_\_\_\_\_  
\_\_\_\_\_

**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.

JOSENIE DESAMOUR  
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)**

16 MAY 17 71 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA