

L17000044406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

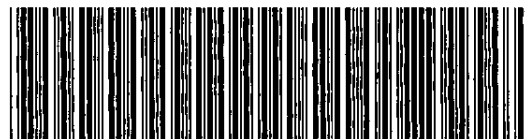
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200294985062

02/13/17--01030--024 \*\*150.00

W17  
12761

T. BURCH  
MAR 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2017

COSTELLO & WICKER, P.A.  
ATTN: JOHN M. WICKER  
PO DRAWER 60205  
FORT MYERS, FL 33906-6205

SUBJECT: MIDDLETOWN MEDICINE, LLC  
Ref. Number: W17000012781

We have received your document for MIDDLETOWN MEDICINE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website [sunbiz.org](http://sunbiz.org) to download the appropriate form.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

Letter Number: 717A00002890

**COSTELLO & WICKER, P.A.**

ATTORNEYS AT LAW

Voice (239) 939-2222 • Facsimile (239) 939-2280

**John M. Wicker, Esq.**, Managing Attorney  
Also member of Florida Institute of Certified Public Accountants

**Stephen N. McGuire II, Esq.**

**Truman J. Costello, P.A.**, 1949 - 2011

Brittany Professional Centre  
12670 New Brittany Blvd., Suite 101  
Fort Myers, FL 33907

**Mailing Address**  
Post Office Drawer 60205  
Fort Myers, FL 33906-6205

February 5, 2017

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Sent By:**  
U.S. Certified Mail Return Receipt Requested  
No. 7015 0640 0002 9932 4477

**Re: Patient Best, LLC, a Florida limited liability company f/k/a Middletown Medicine, LLC,  
a Kentucky limited liability company**

To Whom It May Concern:

Enclosed please find the following:

1. Our check payable to the Florida Department of State in the amount of \$150.00 for the filing of the Articles of Domestication of a Kentucky LLC and Articles of Organization for a Florida LLC.
2. Articles of Domestication of MIDDLETOWN MEDICINE, LLC, a Kentucky limited liability company.
3. Articles of Organization of PATIENT BEST, LLC, a Florida limited liability company.
4. Certificate of Existence for MIDDLETOWN MEDICINE, LLC issued by Secretary of State for the Commonwealth of Kentucky.

Please note that PATIENT BEST II, INC. f/k/a PATIENT BEST, INC., a Florida non-profit corporation, Document No. N16000001884, was formed by the principal owner of MIDDLETOWN MEDICINE, LLC who now desires to use the PATIENT BEST name for her domesticated LLC. Please permit the Articles of Organization to be filed for PATIENT BEST, LLC despite the recent name of the non-profit.

Should you have any questions, please do not hesitate to contact my office directly.

Very Truly Yours,

John M. Wicker  
For the Firm

*Direct Dial:* (239) 690-4265  
*E-mail:* [jwicker@lawcrw.com](mailto:jwicker@lawcrw.com)

Enclosures: As Noted Above  
cc: Suzanne Fiscella

**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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
MIDDLETOWN MEDICINE, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY.  
(Enter entity type. Example: corporation, limited partnership,  
general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of KENTUCKY  
on JANUARY 26, 2010.  
(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**:  
PATIENT BEST, LLC

(Enter Name of Florida Limited Liability Company)

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

**(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar 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.

6. 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 23RD day of FEBRUARY 2017.

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

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: JOHN M. WICKER, ESQ.

Title: Authorized Representative

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

Signature: \_\_\_\_\_

Printed Name: JOHN M. WICKER, ESQ.

Title: Authorized Representative

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:

PATIENT BEST, LLC

(Must contain 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:

15852 SILVERADO CT  
FORT MYERS, FL 33908

### Mailing Address:

15852 SILVERADO CT  
FORT MYERS, FL 33908

## 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:

JOHN M. WICKER

Name

12670 NEW BRITTANY BLVD, SUITE 101

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

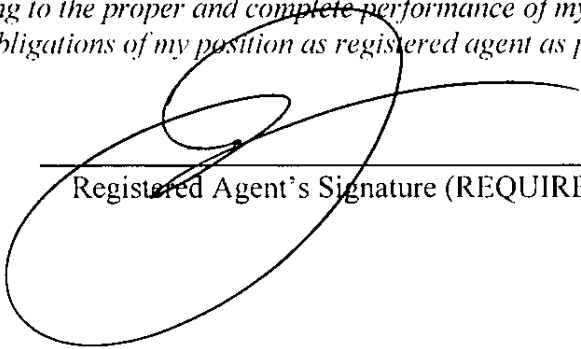
FORT MYERS,

FL 33907

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SUZANNE FISCELLA

15852 SILVERADO CT

FORT MYERS, FL 33908

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: UPON 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 calendar 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.

MANAGEMENT OF THE LIMITED LIABILITY COMPANY IS VESTED IN A MANAGER OR GROUP OF

MANAGERS APPOINTED BY ITS MEMBER OR MEMBERS, AND IS THEREFORE, MANAGER MANAGED.

**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.

JOHN M. WICKER

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)**