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			_
(Re	questor's Name)		_
(Ad	dress)		-
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(Cit	y/State/Zip/Phone #	¥)	-
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	9)	-
(Do	cument Number)		-
Certified Copies	_ Certificates of	of Status	-
Special Instructions to	Filing Officer:		]
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Office Use Only



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T SCHROEDER

## COVER LETTER

	New Filing S Division of C					
SUBJE	CT: BATDV	MS, LLC				
БСВОЕ	· · · · · · · · · · · · · · · · · · ·		sulting Florida Limit	ed Con	npany)	
					d fees are submitted to conveccordance with s. 605.1045, F	
Please r	eturn all corr	espondence concernin	g this matter to:			
DR. S. T	ODD MARCUI	M, DVM				
		(Contact Person)				
		(Firm/Company)				
4215 GU	LF PINES DRI	(Address)				
SANIBE	L, FLORIDA 3	,				
	((	City, State and Zip Code)				
S+ E-mai	md/me il Address: (to b	g mail. Lom cused for future annual re	port notifications)			
For furt	her informati	on concerning this ma	tter, please call:			
S. TODE	MARCUM, D	VM	at ( 859	) 312-3	time Telephone Number)	
(	(Name of Conta	ct Person)	(Area Code)	(Day	rtime Telephone Number)	
		or the following amou a bank located in the	•	rocess	sed by this office must be paya	able in US
(\$25 for C	00 Filing Fees Conversion or Articles zation)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	T ADDRESS	S:	MAILI	NG A	ADDRESS:	
	ing Section	·	New Fi	_		
Clifton I	ı of Corporati Building	ons	Division P. O. Be		forporations 27	
	ecutive Cente	er			FL 32314	
	allahassee, F			., -		

32301

## 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.

(Enter Nam	e of Other Business Entity)
2. The "Other Business Entity" is a	ed liability company
(Enter	entity type. Example: corporation, limited partnership, neral partnership, common law or business trust, etc.)
First organized, formed or incorporated u	nder the laws of KENTUCKY
11/1/2016	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporat	<del>ian)</del>
BATDVMS, LLC	ility Company as set forth in the attached Articles of Organization:
(Enter Name of Flor	ida Limited Liability Company)
(The effective date: 1) cannot be prior after the date this document is filed by the effective date listed in the attached	to date of receipt or filed date nor more than 90 calendar days the Florida Department of State; AND 2) must be the same as Articles of Organization, if an effective date is listed therein.) seet the applicable statutory filing requirements, this date will not be listed as the tate's records.
(The effective date: 1) cannot be prior after the date this document is filed by the effective date listed in the attached Note: If the date inserted in this block does not m document's effective date on the Department of St	to date of receipt or filed date nor more than 90 calendar days the Florida Department of State; AND 2) must be the same as Articles of Organization, if an effective date is listed therein.) seet the applicable statutory filing requirements, this date will not be listed as the

Signed this day of Ma	20 17.
Signature of Authorized Representative	
Signature of Authorized Representative: Printed Name: S. TODD MARCUM	Title: MEMBER
Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)]
Signature: Printed Name: S. TOOD MARCUM	Title: MEMBER
Signature: Printed Name:	Title:
	Title:
	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Di If Directors or Officers have not been selec	
If Florida General Partnership or Limite Signature of one General Partner.	ed Liability Partnership:
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	ed Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 7 HAY IS PH 2:41

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
BATDVMS, LLC		
(Must contain the words "Limited Liability (	Company, "L.L,C.," or "LLC.")	····
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
S. TODD MARCUM	S. TODD MARCUM	
4215 GULF PINES DRIVE	4125 GULF PINES DRIVE	- <del></del>
SANIBEL, FL 33957	SANIBEL, FL 33957	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an indivi-	
The name and the Florida street address of the re	gistered agent are:	
STUART M. SLUTSKY, P.A.		
Name		
2500 WESTON ROAD, SUITE 40	)4	
Florida street address (P.O.	Box NOT acceptable)	
WESTON	FL 33331	
City	Zip	
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regional Registered Agent's Signal	this certificate, I hereby accept by. I further agree to comply with a formance of my duties, and I destroyed agent as provided for in	the appointment as th the provisions of all am familiar with and
		FILED 17 HAY 15 PH 2:1

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	·
MGR	S. TODD MARCUM
	4215 GULF PINES DRIVE
	SANIBEL, FL 33957
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	on the data of filings (OPTIONAL)
RTICLE V: Effective date, if other tha	an the date of hime (Of HONAL)
	must be specific and cannot be more than five business day
' an effective date is listed, the date n ior to or 90 calendar days after the d	must be specific and cannot be more than five business day ate of filing.)
an effective date is listed, the date noir an effective date is listed, the date is	must be specific and cannot be more than five business day ate of filing.) neet the applicable statutory filing requirements, this date will not be listed
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an effective date is listed, the date mior to or 90 calendar days after the date. If the date inserted in this block does not nument's effective date on the Department of S	must be specific and cannot be more than five business day ate of filing.) neet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date mor to or 90 calendar days after the def If the date inserted in this block does not nument's effective date on the Department of S	must be specific and cannot be more than five business day late of filing.) neet the applicable statutory filing requirements, this date will not be listed state's records.

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.

S. TODD MARCUM

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) S 5.00 Certificate of Status (Optional)