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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: PADDU MEDICAL GROUP 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:
MAVEEN PADDU (Contact Person)
PADDU MEDICAL GROUP PLLC (Firm/Company)
S50 TIFFANY TERRACE (Address)
LAKELAND, FL 33813 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Name of Contact Person) at (212) 960-8964 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
\$\Bigcup \\$150.00 \text{ Filing Fees} \text{S155.00 Filing Fees} \text{and Certified Copy} \text{S185.00 Filing Fees} \text{Certified Copy, and Certificate of Status} \text{Certificate of Status} \text{Certificate of Status} Certificate of St
STREET ADDRESS: MAILING ADDRESS:
New Filing Section Division of Corporations New Filing Section Division of Corporations
Clifton Building P. O. Box 6327

Tallahassee, FL 32314

32301

2661 Executive Center

Circle Tallahassee, FL

Articles of Conversion

For

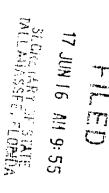
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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: PADDU MEDICAL GROUP PLLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Professional Limited Linkship (ompany (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on 6/16/2016 (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
PADDU MEDICAL GROUP PLLC
(Enter Name of Florida Limited Liability Company)
4. 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 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 31st day of MAY	20
Signature of Authorized Representative of Limit	
Signature of Authorized Representative: Printed Name: NAVEEN PADDU	Walch Title: DIRECTOR
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]
Signature: Navien PADDU	Title: DIRECTOR
Signature: Printed Name:	
Signature: Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	tv Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
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)

FILED

17 JUN 16 AH 9: 55

SECREPANCE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PADDU MEDILAL G	ROUP PLLC
	ted Liability Company, "L.L.C.," or "LLC.")
Ū	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
550 TIFFANY TERRAGE LAKELAND FL 33813	

The name and the Florida street address of the registered agent are:

business entity with an active Florida registration.)

ARTICLE I - Name:

NAVEEN PAD	DU
Na	me
550 TIFFANY	TERRALE
Florida street address (P	.O. Box NOT acceptable)
LAKELAND	FL 33813
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)

TALL AND SEEF FLOATS

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	NAVEEN PADDU
	550 TIFFANY TERRACE
	LAKELAND, FL 33813
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an effective date is listed, the date mus	ne date of filing: t be specific and cannot be more than five business days
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The name and address of each person authorized to manage and control the Limited Liability