47000153123

(F	Requestor's Name)	
(<i>f</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

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COVER LETTER

TO: New Filing S Division of C				
SUBJECT: Maria C.	Rucinski, MD, PLLC			
Sobate 1.	(Name of Re	sulting Florida Limite	ed Con	npany)
The enclosed Article Business Entity" into	s of Conversion, Artic o a "Florida Limited L	les of Organizationability Company	on, an '' in a	nd fees are submitted to convert an "Other ecordance with s. 605,1045, F.S.
Please return all corr	espondence concernin	g this matter to:		
Bruce Brashear				
	(Contact Person)			
Brashear & Assoc., PL				
	(Firm/Company)			
925 NW 56th Ter, Suite	C			
	(Address)			
Gainesville, FL 34605				•
	City, State and Zip Code)			
bbrashear@ntlalaw.com				
E-mail Address: (to b	oe used for future annual re	port notifications)		
For further informati	on concerning this ma	tter, please call:		
Bruce Brashear		nt (352	336-0	0800
(Name of Conta	ict Person)	(Area Code)) (Day	0800 vtime Telephone Number)
Enclosed is a check dollars and drawn on	for the following amou a bank located in the	int: (All checks p United States)	roces:	sed by this office must be payable in US
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Fiting Fees. Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILI	NG A	ADDRESS:
New Filing Section		New Fi		
Division of Corporat	ions	Divisio P. O. Be		Torporations
Clifton Building		r. O. B	07/02	<i>41</i>

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 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 \$.605.1045, Florida Statutes.

	ter Name of Other Business Entity)
n - This window Decelorace Problems is:	Business Entity" is a professional launted hability company (Enter entity type Example: corporation, finited partnership.
(1.10	(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Was assurized formed or incorna	rated under the laws of
on May 13, 2016. (date of organization, formation or in-	(finter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or m	corporation)
 The name of the Florida Limited Maria C. Rucinski, MD, PLLC 	d Liability Company as set forth in the attached Articles of Organization
	of Florida Limited Liability Company)
4. If not effective on the date of fi (The effective date: 1) cannot be	ling, enter the effective date;
after the date this document is fi	led by the Florida Department of State: <u>AND</u> 2) must be the same as ached Articles of Organization, if an effective date is listed therein.) sees not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been	approved in accordance with all applicable statutes.
6. The "Converted or Other Busines which such members are entitled	as Entity" has agreed to pay any members having appraisal rights the amount 6 under ss. 605.1006 and $605.1061-605.1072$, F.S.



Signed this day of	20 17
Signature of Authorized Representative of Li	
Signature of Authorized Representative:	2.0.
Printed Name: Maria C. Rucinski.	Title: Manager
Signature(s) on behalf of Other Business Entity	
Signature: Maria C. Rudinski Maria C. Rudinski	
Printed Name: Maria C. Ruoinski	Title: Managing Member
Signature:	
Signature: Printed Name:	Inle:
Signature	
Signature:Printed Name:	Title:
Signature	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, If Directors or Officers have not been selected, an	or Officer.
If Florida General Partnership or Limited Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	bility Limited Partnership:
All others: Signature of an authorized person.	2 12
Fees:	
Articles of Conversion: Fees for Florida Articles of Organizatio Certified Copy. Certificate of Status:	\$25.00 en: \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compan	ıy is:
Maria C. Rocinski, MD, PLLC	
(Must contain the word; "Limite) Li	ability Company, "L.H.C.," or "LH.C.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14341 SE 128th Street	14341 SE 128th Street
Ocklawaha, Fl. 32179	Ocklawaha, FI, 32179
	the registered agent are; . Ruemski Name
14341 SF 1	28th Street
Florida street address ((P.O. Box <u>NOT</u> acceptable)
Ocklawaha	FL 32179
City	Zip Zip
iability company at the place designate registered agent and agree to act in this costatutes relating to the proper and comp	and to accept service of process for the above stated limited ed in this certificate. I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 695, F.S.
Registered Agent's	Signature (REQUIRED)

TAUL 17 M St. 17

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Maria C. Rucinski
	14341 SE 128th Street
	Ocklawaha, FL 32179
	·
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: . (OPTIONAL)
(If an effective date is listed, the date m	ust be specific and cannot be more than five business days
	ret the applicable statutory filing requirements, this date will not be listed as th
focument's effective date on the Department of Sta	ne s records
	ne s records
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any. This professional Limited Liability Cor	mpany is formed for for the sale and specific purposent
ARTICLE VI: Other provisions, if any. This professional Limited Liability Cor	nipany is formed for for the sale and specific purposed
ARTICLE VI: Other provisions, if any. This professional Limited Liability Cor practicing medicine.	mpany is formed for for the sole and specific purposent
ARTICLE VI: Other provisions, if any. This professional Limited Liability Cor	mpany is formed for for the sole and specific purpose of
practicing medicine. <u>REQUIRED</u> SIGNATURE:	mpany is formed for for the sole and specific purposent

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

ARTICLE IV-

I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817-155, F.S. Maria C. Rucinski
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)