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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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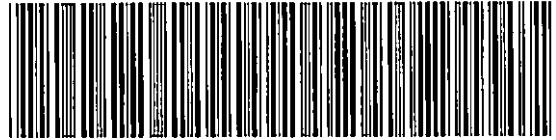
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/23/18--01016--004 \*\*180.00

18 MAR 12 PM 3:08

N CULLIGAN

MAR 12 2018

**Palm Harbor Oriental Medicine, Inc.  
32668 US Highway 19 N.  
Palm Harbor, Florida 34683**

February 18, 2018

New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Ariane Acupuncture & Oriental Medicine, LLC

Dear Sir/Madame:

Enclosed is a check in the amount of \$180 for the filing fees and a certified copy thereof.

Also enclosed are the Articles of Conversion, Articles of Organization, to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with Statute S.605.1045, F.S.

When said filing is completed, please return all correspondence concerning this matter to

Ariane A. Jackson  
Ariane Acupuncture & Oriental Medicine, LLC  
32688 US Highway 19 N.  
Palm Harbor, Florida 34683

Please contact me at (727) 789-3110 if you have any questions or comments.

Sincerely,



Ariane A. Jackson



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2018

ARIANE A. JACKSON  
32688 US HIGHWAY 19 N.  
PALM HARBOR, FL 34683

SUBJECT: ARIANE ACUPUNCTURE & ORIENTAL MEDICINE, LLC  
Ref. Number: W18000019618

We have received your document for ARIANE ACUPUNCTURE & ORIENTAL MEDICINE, LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan  
Regulatory Specialist II

Letter Number: 718A00004066

**Palm Harbor Oriental Medicine, Inc.  
32668 US Highway 19 N.  
Palm Harbor, Florida 34683**

March 6, 2018

Neysa Culligan  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

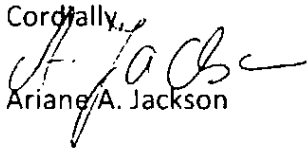
SUBJECT: Ariane Acupuncture & Oriental Medicine, LLC  
Letter #: 718A00004066

Dear Ms. Culligan:

In accordance with your above referenced letter dated February 28, 2018, enclosed you will find the revised Articles of Conversion and a copy of the Annual Report for Palm Harbor Oriental Medicine, Inc. Please let me know if you have any questions or comments, otherwise when the filing is completed, please return all correspondence concerning this matter to:

Ariane A. Jackson  
Ariane Acupuncture & Oriental Medicine, LLC  
32688 US Highway 19 N.  
Palm Harbor, Florida 34683

Cordially,

  
Ariane A. Jackson

Enclosures

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

FILED  
18 MAR 12 PM 3:09  
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:  
Palm Harbor Oriental Medicine, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(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  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 23, 2005  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

Ariane Acupuncture & Oriental Medicine, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: February 19, 2018

**(The effective date: 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.)**

**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 19 day of February 2018.

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

Signature of Authorized Representative: Ariane A. Jackson  
Printed Name: ARIANE A. JACKSON Title: MEMBER

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

Signature: Ariane A. Jackson  
Printed Name: ARIANE A. JACKSON 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:

Ariane Acupuncture & Oriental Medicine, 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:

32668 US Highway 19 N.

Palm Harbor Florida 34683

### Mailing Address:

32668 US Highway 19 N.

Palm Harbor Florida 34683

## 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:

Ariane A. Jackson

Name

32668 US Highway 19 N.

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

Palm Harbor

FL 34683

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.*

Ariane A. Jackson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 MAR 12 PM 3:09  
CLERK OF CIRCUIT COURT  
JANET L. HARRIS

**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:**

Ariane A. Jackson

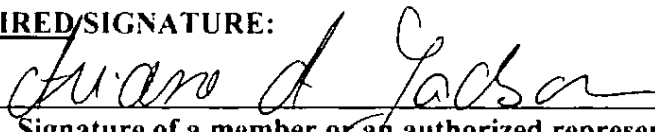
32668 US Highway 19 N.

Palm Harbor, Florida 34683

(Use attachment if necessary)

**ARTICLE V:** 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.

Ariane A. Jackson

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)**

18 MAR 12 PM 3:09  
F-100