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#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 8/3/2018

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Name:	Lance S. C	assell, M.D.		
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Thank you!

#### **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.

Lance S. Cassell,	M.D., P.A.  (Enter Name of Other Business Entity)	
	usiness Entity" is a	
	rentity type. Example: corporation, limited partnership, general partnership, common law or business trust,	etc.)
First organized, f	ormed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)	
04/11/2005		
on(date of organiz	ation, formation or incorporation)	
3. The name of t	he Florida Limited Liability Company as set forth in the attached Articles of Organization	on:
Lance S. Cassell,	M.D., PLLC	
	(Enter Name of Florida Limited Liability Company)	
(The effective dathe date this doc Note: If the date in:	e on the date of filing, enter the effective date:	
(The effective date the date this document's effective	ate: Cannot be prior to date of receipt or filed date nor more than 90 calendar days af cument is filed by the Florida Department of State.) serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	
(The effective date the date this document's effective 5. The plan of co. 6. The "Converte"	ate: Cannot be prior to date of receipt or filed date nor more than 90 calendar days af cument is filed by the Florida Department of State.) serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.	ne

Signed this 2nd day of Avgvs+	20_18			
Signature of Authorized Representative of Limit	ed Liability Company:			
Signature of Authorized Representative:				
Printed Name: Lance S. Cassell, M.D.				
Signature(s) on behalf of Other Business Entity: [5	See below for required signature(s)			
Signature: Printed Name: Lapte S. Cassell, M.D.	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 Constitution of Chairman, Vice Chairman, Director, or Constitution of Chairman, Director, or Chairman, Direct				
If Directors or Officers have not been selected, an Inc	-			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ry rarthership:			
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
<u>Fees:</u>		ETWI DES	18	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		AUG-S AH	11 de 1
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## **ARTICLES OF ORGANIZATION**

LANCE S. CASSELL, M.D., PLLC, a Florida professional limited liability company

#### ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

LANCE S. CASSELL, M.D., PLLC

## ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

5687 Eastwind Drive Sarasota, Florida 34233

# ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Kathleen A. Hargreaves 1990 Main Street Suite 801 Sarasota, Florida 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Professional Limited Liability Company. The initial Manager shall be as follows:

Lance S. Cassell, M.D. 5687 Eastwind Drive Sarasota, Florida 34233

## ARTICLE V PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

These Articles of Organization have been executed as of the 2M day of August 1, 2018.

Lance S. Cassell, M.D.

"MANAGER"

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

LANCE S. CASSELL, M.D., PLLC

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

Kathleen A. Hargreaves 1990 Main Street Suite 801 Sarasota, Florida 34236

Having been named to accept service of process for the above stated Professional 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 8/2/18 Let

-

"REGISTERED AGENT"