# L18000248006

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(Document Number)
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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05/2	28/2024	
Name:	Patrice Rush	
Reference #:		
Entity Name:	DOCTOR'S ASSOCIA	TES LLC
Articles of	Incorporation/Authorization to Transact	Business
Amendmer	nt	- •
Change of	Agent	2024   0701
Reinstaten	nent	2024 HAY 29 OCORETE TO
✓ Conversion	١	9 AM
☐ Merger		[22] - <b>5</b>
☐ Dissolution	/Withdrawal	
☐ Fictitious N	lame	
Other	PLEASE PROVIDE CER	FIFIED COPY
Authorized Amoui		

## **COVER LETTER**

TO:	Registration Division of C				
SHRJ	ECT:	Doctor's	Associates LLC		
170134		Name of Florida	Limited Liability Compa	ny	
Limite		es of Conversion and formpany" into an "Othe			
Please	return all corr	respondence concernin	ig this matter to:		
		llene Kobert			
-		Contact Person			
	Doo	tor's Associates LL0	C		
		Firm/Company			
	0	ne Corporate Drive			
		Address		(1) 	2021
	5	Shelton, CT 06484		20 20 20	
-	(	City, State and Zip Code		1	7 2
	kol	pert_i@subway.com		3	2024 HAY 29 AM 10: 5
Е	-mail address: (to	be used for future annual	report notification)	۱۳۱۱ د بالر	- X - C
For fu	rther informati	ion concerning this ma	itter, please call:	- 도쿄 	): 56
	Andr	a Terrell	at ( 203 )	783-7281	
N	ame of Contact P	erson	` `	aytime Telephone Number	
Enclo	sed is a check	for the following amor	unt:		
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	▼\$55.00 Filing Fee and Certified Copy	\$60.00 Filing Fee. Certified Copy, and Certificate of Status	
Mailing Address: Stre		Street Add	ress:		
Regist	tration Section		Registration Section		
	on of Corporat	tions	Division of Corporations		
	O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
randl	mosce, F12 J2J	וד	Tallahassee		

CR2E106 (05/17)

#### Articles of Conversion For

1 (71

# Florida Limited Liability Company

Into

### "Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company Business Entity" is:	converting into the "C	Other	
Doctor's Associates LLC			
Enter Name of Florida Limited Liabilit	y Company	<del></del> ·	
2. The name of the "Converted or Other Business Entit	ty" is:		
Doctor's Associates LLC		(A)	2021
Enter Name of "Converted or Other Bus	iness Entity"	- 175 - 175	
3. The "Converted or Other Business Entity" is a	Limited Liability Comp	paný 🚟	2024 HAY 29
(Enter entity type: Example: corporation, limited partnership, sole propri business trust, etc.)	ietorship, general partnership,	common lay	v or
organized, formed or incorporated under the laws of	Delaware	13-70 (51)	유금 IO: 5
The formation document is attached (if applicable).	i ii a non-0.5. eniny, the name	e or the coun	ייסעניייי
4. The plan of conversion was approved by the convert Company in accordance with Chapter 605, F.S.	ting Florida Limited Li	iability	
5. This conversion shall be effective in Florida on:	5:00 pm ET at May 29	, 2024	<u>_</u> .
(The effective date: 1) cannot be prior to nor more than 90 days after the Department of State; <u>AND 2</u> ) must be the same as the effective date of the "Other Business Entity.")			
Note: If the date inserted in this block does not meet the applicable	le statutory filing requireme	ents, this da	ite

will not be listed as the document's effective date on the Department of State's records.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:		One	Corporate Drive	
		She	Iton, CT 06484	
Mailing Address:	:	One	Corporate Drive	
_		She	lton, CT 06484	
appraisal right				y members having under ss. 605.1006
Signed this	29 day (	ot	May	. 20
Signature:	Oocusigned by:  There tokert			
	Must be s	signed by a Member (	or Authorized Repres	sentative
Printed Name: _	llene Kober	tTitle:	EVP Chief Leg	al Officer and Secretary
Fees: Filing Fee	<b>.</b> :	\$25.00		
Certified	Certified Copy:		nal)	
Certificat	e of Status:	\$5.00 (Option	nal)	

Page 2 of 2