

LIB 261612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

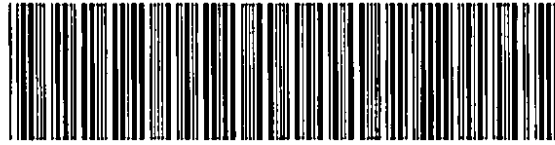
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TALLAHASSEE, FLORIDA

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Brooke M. Benzio  
Rebecca F. Emmons <sup>3</sup>  
Stephen J. Lacey <sup>1 3 5</sup>  
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Clifton A. McClelland, Jr.  
Of Counsel  
William J. Stewart  
Of Counsel

<sup>1</sup> LLM - Taxation  
<sup>2</sup> Also admitted in CA  
<sup>3</sup> Also admitted in GA  
<sup>4</sup> Also admitted in MA  
<sup>5</sup> Also admitted in NY  
<sup>6</sup> Also admitted in OH  
<sup>7</sup> Also admitted in PA  
<sup>8</sup> Also admitted in TN  
<sup>9</sup> Also admitted in VA

#### LOCATIONS

**MELBOURNE**  
One Harbor Place  
1901 S. Harbor City Blvd.  
Suite 500  
Melbourne, FL 32901  
321.984.2700

**VERO BEACH**  
The Modern One Building  
2101 Indian River Blvd  
Suite 200  
Vero Beach, FL 32960  
772.231.4440

**CORAL GABLES\***  
Gables International Plaza  
2655 LeJeune Rd.  
Penthouse 1-C  
Coral Gables, FL 33134  
305.443.5020

\*By Appointment

October 30, 2018

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Conversion of Atlantis Urgent Care, Inc.  
to Atlantis Urgent Care, I.I.C.  
File No.: 40439-001**

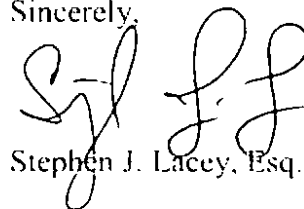
Dear Sir or Madam:

Enclosed please find an original and one copy of the Certificate of Conversion for Florida Corporation into Florida Limited Liability Company, Plan of Conversion, Articles of Organization of Atlantis Urgent Care, LLC, and the Operating Agreement of Atlantis Urgent Care, LLC., together with a check in the amount of \$150.00 for the required filing fees.

Please date stamp the copy of the attached documents as listed above and return same to our office in the attached self-addressed stamped envelope.

Should you have any questions regarding the foregoing, please contact our office immediately.

Sincerely,

  
Stephen J. Lacey, Esq.

SJL/jsm  
Enclosures as stated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CONVERSION FOR  
FLORIDA CORPORATION INTO  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to Section 607.1112, Florida Statutes, the following incorporated business formerly doing business as a Florida Corporation hereby submits the attached Articles of Organization and this Certificate of Conversion to convert to a Florida Limited Liability Company:

First: The name of the incorporated business immediately prior to filing this document was:

**ATLANTIS URGENT CARE, INC.**

Second: The date on which, and the jurisdiction in which, the incorporated business was first created or otherwise came into being are:

- A. Date: **May 3, 2002**
- B. Jurisdiction: **Florida**

Third: The name of the Limited Liability Company as set forth in the attached Articles of Organization is:

**ATLANTIS URGENT CARE, LLC**

Fourth: The conversion is permitted by the applicable law(s) governing the other business entity, and the conversion complies with such law(s) and the requirements of F.S. 607.1113, in effecting the conversion.


Fifth: The Corporation currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

*[Remainder of this page has been intentionally left blank.]*

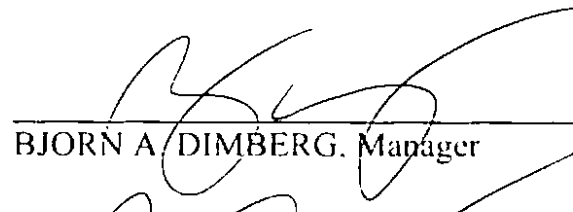
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**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32311**

**IN WITNESS WHEREOF**, the undersigned members do make and file this Certificate of Conversion and attached Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto set their hand and seal this 10<sup>th</sup> day of October, 2018.

**ATLANTIS URGENT CARE, INC.**

  
\_\_\_\_\_  
BJORN A. DIMBERG, President

**ATLANTIS URGENT CARE, LLC**


  
\_\_\_\_\_  
BJORN A. DIMBERG, Manager

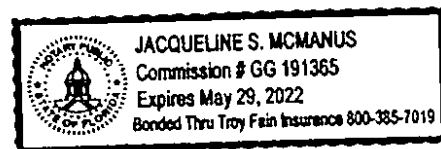
  
\_\_\_\_\_  
BJORN A. DIMBERG, Resident Agent

STATE OF FLORIDA  
COUNTY OF BREVARD

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, BJORN A. DIMBERG appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☐ is personally known to me, or ☐ produced FDL as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 10<sup>th</sup> day of October, 2018.

  
\_\_\_\_\_  
Notary Public, State of Florida



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**TALLAHASSEE, FLORIDA**

**ARTICLES OF ORGANIZATION OF  
ATLANTIS URGENT CARE, LLC**

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TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Organization, and intending to form and create a Limited Liability Company pursuant to the statutes of the State of Florida, does hereby state and certify the following:

I.

The name of the Limited Liability Company shall be **ATLANTIS URGENT CARE, LLC**.

II.

The mailing and street address of the Limited Liability Company and its principal office is: 2254 Highway A1A, Indian Harbour Beach, Florida 32937.

III.

The name and street address of the initial registered agent of the Limited Liability Company in the State of Florida is BJORN A. DIMBERG, 729 Malibu Lane, Indialantic, Florida 32903.

IV.

The purpose for which this Limited Liability Company is organized is to engage in any and all lawful business.

V.

The Limited Liability Company shall be managed by its Manager(s) and the activities of the Limited Liability Company shall be conducted as a manager-managed company in accordance with the terms of the Limited Liability Company Operating Agreement.

The name and address of the Initial Manager of the Limited Liability Company is as follows:

Name	Address
BJORN A. DIMBERG	729 Malibu Lane Indialantic, Florida 32903

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VI.

The Limited Liability Company shall have the right to add additional members according to the terms of the Limited Liability Company Operating Agreement.

VII.

This Limited Liability Company shall exist perpetually.

IN WITNESS WHEREOF, the undersigned, in their respective capacities as initial manager for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do make and file these Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto set their hands and seal this 10<sup>th</sup> day of October, 2018.

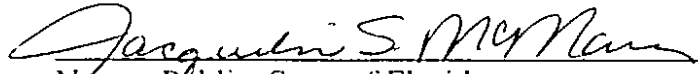
Initial Manager:

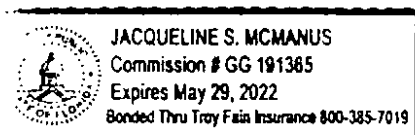
  
\_\_\_\_\_  
BJORN A. DIMBERG

STATE OF FLORIDA  
COUNTY OF BREVARD

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, BJORN A. DIMBERG appeared, and he acknowledged executing the foregoing instrument freely and voluntarily under authority duly vested in him. Said person ☐ is personally known to me, or ☐ produced FDL as identification.

WITNESS my hand and official seal this 10<sup>th</sup> day of October, 2018.

  
\_\_\_\_\_  
Notary Public, State of Florida

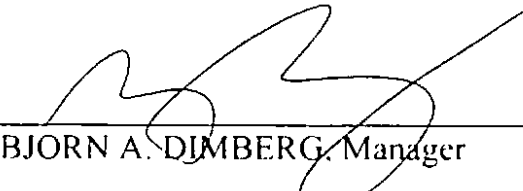


STATEMENT OF DESIGNATION AND ACCEPTANCE OF  
INITIAL REGISTERED AGENT AND REGISTERED OFFICE OF  
ATLANTIS URGENT CARE, LLC

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned hereby files this statement of the designation and acceptance of the initial registered agent of the Limited Liability Company.

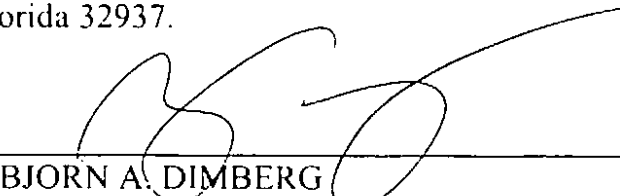
The street address of the initial registered office of this Limited Liability Company is 2254 Highway A1A, Indian Harbour Beach, Florida 32937, and the name of the initial registered agent of this Limited Liability Company at that address is BJORN A. DIMBERG.

DATED this 10<sup>th</sup> day of October, 2018.

  
\_\_\_\_\_  
BJORN A. DIMBERG, Manager

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of ATLANTIS URGENT CARE, LLC at the initial registered office of the Limited Liability Company at 2254 Highway A1A, Indian Harbour Beach, Florida 32937.

  
\_\_\_\_\_  
BJORN A. DIMBERG

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