# 19000082787

	(Requestor's Name)	
	(Address)	
	(Address)	<del></del>
	(,	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

Office Use Only



400326647044

19 HAR 25 PH @ 38





## **CT CORP**

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

D	ate:	3/25/2019	N 111
	. <del></del>	Acc#I20160000072	a: CDW
Name:	BIG ORA	ANGE MANAGEMENT SE	RVICES, INC
Document #:			
Order #:	1156751	- 1	
	· · · · · · · · · · · · · · · · · · ·		
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good			
Standing:			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
Filing: 🗸	Certifi Plain: COGS:	ed: 🗸	
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amour	nt:\$ 5 <b>2</b> .50	18500

Thank youl

#### COVER LETTER

TO: New Fi		ection orporations				
SUBJECT:	BIG	ORANGE MANAGEM	ENT	SERVIC	ES, INC	
_		(Name of Res	ulting	Florida L	imited Co	empany)
						nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return al	l corre	espondence concerning	g this	matter t	o:	
Mathilde Ka	apuano	)				
		(Contact Person)				
Sheppard M	Iullin R	lichter & Hampton LLP				
		(Firm/Company)				
1901 Avenue	e of the	Stars, Suite 1600				
		(Address)				
Los Angeles,	CA 90	067-6017				
	(C	City, State and Zip Code)				
MKapuano@	)shepp	ardmullin.com				
E-mail Addres	s: (to be	used for future annual re-	ort n	otification	s)	
For further info	rmatic	on concerning this mat	ter, p	olease ca	II:	
Mathilde K	(apuan	10	at (	310	)	228-2292
(Name o	f Contac	ct Person)			de) (Da	aytime Telephone Number)
		or the following amou a bank located in the				ssed by this office must be payable in US
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)	n	☐\$155.00 Filing Fees and Certificate of Status		180.00 Fil Certified (		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADD		S:				ADDRESS:
New Filing Sec Division of Cor		one			Filing :	Section Corporations
Clifton Buildin		Oils			. Box 6.	
2661 Executive		er Circle		Talla	ahassee,	FL 32314

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 s.605.1045, Florida Statutes.

ł.	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  BIG ORANGE MANAGEMENT SERVICES, INC. アル・ラブ1975
_	(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.)
Fi	rst organized, formed or incorporated under the laws of Flordia  (Enter state, or if a non-U.S. entity, the name of the country)
on	6/21/2011
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  BIG ORANGE MANAGEMENT SERVICES, LLC
	(Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date: 3/25/2019
(1 th <u>No</u>	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.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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 22nd day of March	20
Signature of Authorized Representative of Limi	
Signature of Authorized Representative: Lta.  Printed Name: Peter J. Shulman, M.D.	Title: Authorized Representative
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	Coty & Shalow, re. A
Signature: Printed Name: Peter J. Shulman, M.D.	Title: Chief Executive Officer
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title
Signature:Printed Name:	<del></del>
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ry Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

19 MAR 25 PM 8: 27

- ---

16.00

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	y Company is:			
	AGEMENT SERVICE			
(Must conta	in the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited L	liability Company is:	
Principa	l Office Address:		Mailing Ad	dress:
900 S. Pine Island Ro	ad, Suite 800,	900 S	. Pine Island Road, S	uite 800.
Plantation, FL 33324		Planta	ntion, FL 33324	
<del></del>	<del></del>			<u> </u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. Y		individual or
The name and the Florida street a	ddress of the registered	l agent are:		
	C T Corporation Sys	tem		
		Name		
	1200 South Pine Isla	ınd Road		
		s (P.O. Box <u>NOT</u> acc	eptable)	
	Plantation,	Florida	33324	
	City	State	Zip	
laving been named as registered a clace designated in this certificate, arther agree to comply with the pro am familiar with and accept the obt	Thereby accept the appositions of all statutes religations of my position	ointment as registered Plating to the proper a as registered agent as	l agent and agree to a ind complete perform	ct in this capacity. I ince of my duties, and I
	•	ration System		
By		ered Agent's Signatur	- (DEOLUBED)	Joe Villeda/Asst Secretary
	Kegist	ereu Agent s Signatui	е (кауокая) э	,
		(CONTINUED)		

<u>Title:</u> "AMBR" = Authorized	Name and Address: mber
"MGR" = Manager	Padiatria Associates Haldings II C
MGR	Pediatric Associates Holdings, LLC 900 S. Pine Island Road, Suite 800
	Plantation, Florida 33324
AMBR	Pediatric Associates Holding Company, LLC
	900 S Pine Island Road, Suite 800
	Plantation, Florida 33324
(Use attachment if neces	
ICLE V: Effective date, if of a effective date is listed, the ate of filing.)  If the date inserted in this locument's effective date on	than the date of filing:  e must be specific and cannot be more than five business days prior to or 90 days after ck does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
ICLEV: Effective date, if or a seffective date is listed, the ate of filing.)  If the date inserted in this	than the date of filing:  e must be specific and cannot be more than five business days prior to or 90 days after ck does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

9 MAR 25 PH 8: