

L19000124235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

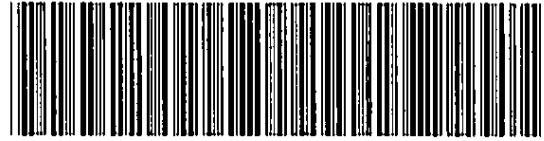
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/06/19--01025--026 **180.00

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MAY 15 2019

19 MAY -6 AM 9:54

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: Attorneylisabraden@gmail.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

May 2, 2019

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

Re: MARK G. AGRESTI, M.D., P.A.

To

MARK G. AGRESTI, M.D., LLC

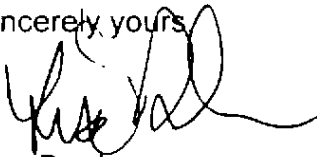
Articles of Conversion & Articles of Organization

Dear Sirs:

Please find enclosed the Articles of Conversion & Articles of Organization for MARK G. AGRESTI, M.D., P.A. to MARK G. AGRESTI, M.D., LLC along with a check in the amount of \$180.00.

Please return the **certified copy** of the Articles of Conversion & Articles of Organization to my office.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Lisa Braden', written over the closing 'Sincerely yours,'.

Lisa Braden

enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARK G. AGRESTI, M.D., LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Lisa Braden

(Contact Person)

Lisa Braden, P.A.

(Firm/Company)

4623 Forest Hill Blvd., Ste. 108-1

(Address)

West Palm Beach, Florida 33415

(City, State and Zip Code)

attorneylisabraden@gmail.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Lisa Braden

(Name of Contact Person)

at (561) 641-1888

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
MARK G. AGRESTI, M.D., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation P 93-4005
(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 January 19, 1993
(date of organization, formation or incorporation)

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

MARK G. AGRESTI, M.D., LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

(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.

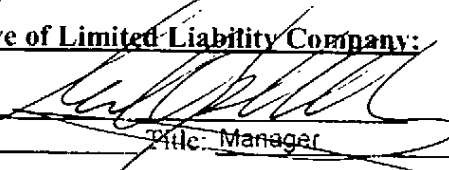
5. The plan of conversion has been approved in accordance with all applicable statutes.

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.

19 MAY -6 AM 9:55
FILED
TALLAHASSEE, FLORIDA

Signed this 2 day of MAY 2019

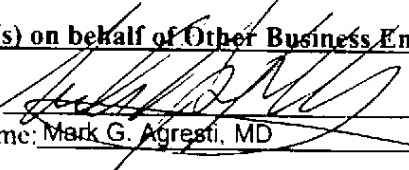
Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 

Printed Name: Mark G. Agresti, MD

Title: Manager

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

Signature: 

Printed Name: Mark G. Agresti, MD

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)

FILED
19 MAY -6 AM 9:55
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

Mark G. Agresti, M.D.

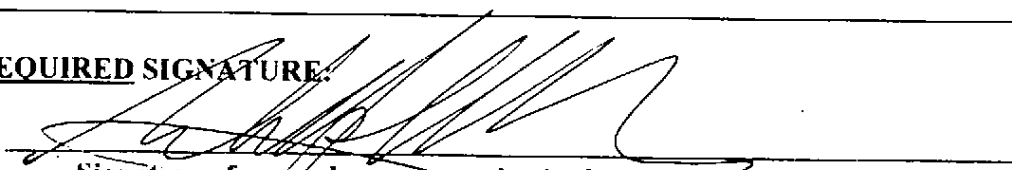
44 Cocoanut Row, Suite M-202

Palm Beach, Florida 33480

(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.817.135, F.S.

MARK G. AGRESTI, M.D.

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)

19 MAR -6 4M 55
DEPT. OF STATE
FLORIDA