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TALLAHASSEE, FLORIDA

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November 6, 2019

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Family Dermatology of North Florida Inc**  
**Document Number: P19000075256**

Dear Madam/Sir:

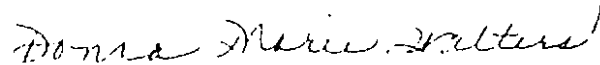
Enclosed are Articles of Conversion and Articles of Organization to convert Family Dermatology of North Florida Inc (an "Other Business Entity") into a Florida limited liability company. Also enclosed is our check in the amount indicated below to cover the costs of:

<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$155.00	<input checked="" type="checkbox"/> \$180.00	<input type="checkbox"/> \$185.00
Filing Fees	Filing Fees and Certificate of Status	Filing Fees and Certified Copy	Filing Fees, Certified Copy, and Certificate of Status

Please do not hesitate to call me at 425.5457 if you have any questions. I will have our messenger return to pick up the certified copy.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw  
Enclosures

**ARTICLES OF CONVERSION FOR  
"OTHER BUSINESS ENTITY"  
INTO  
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

These Articles of Conversion and attached Articles of Organization are submitted to convert the following Florida corporation (***Other Business Entity***) into a Florida limited liability company in accordance with Section 605.1045, Florida Statutes.

1. The name of the Other Business Entity immediately prior to the filing of these Articles of Conversion is:

**Family Dermatology of North Florida Inc**

2. The Other Business Entity was first organized and formed under the laws of the State of Florida on September 24, 2019, and was assigned document number F19000075256.
3. The name of the Florida limited liability company as set forth in the attached Articles of Organization is:

**Family Dermatology of North Florida LLC**

4. The effective date of conversion shall be the date of filing.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The converted entity has agreed to pay any members that have appraisal rights the amount to which such members are entitled under Sections 605.1006 and 605.1061-1072, F.S.

IN WITNESS WHEREOF, these Articles of Conversion have been executed by the President of the Other Business Entity and the authorized representative of the converted entity this 5<sup>th</sup> day of November, 2019.

*The undersigned affirm that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in Section 817.155, F.S.*

**Family Dermatology of North Florida Inc**

**Family Dermatology of North Florida LLC**

By: \_\_\_\_\_

Cynthia Tie  
Its President

By: \_\_\_\_\_

Cynthia Tie  
Authorized Representative of Members

**ARTICLES OF ORGANIZATION  
OF  
FAMILY DERMATOLOGY OF NORTH FLORIDA LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Family Dermatology of North Florida LLC.**

**ARTICLE 2.  
Address**

The street address and mailing address of the place of business in Florida is:

1903 Welby Way  
Tallahassee, Florida 32308

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**Cynthia Tie**  
1903 Welby Way  
Tallahassee, Florida 32308

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

s/Cynthia Tie  
**Cynthia Tie, Registered Agent**

**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of each person authorized to manage and control the Limited Liability Company as Manager are as follows:

**Cynthia Tie, Manager**

1903 Welby Way  
Tallahassee, Florida 32308

**David Pascoe, Manager**

1903 Welby Way  
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 5<sup>th</sup> day of November, 2019.

*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 Section 817.155, F.S.*

*s/Elizabeth D. Barron*

Elizabeth D. Barron  
Authorized Representative of Member