

L200 0000 3255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

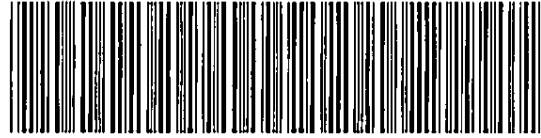
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/26/19--01026--016 **150.00

20 JAN -5 PM 4:41
JAN 05 2019

JAN 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2019

LOUTRICIA MORGAN
ADVANCED MEDICAL BRACING LLC
2710 ALTERNATE 19 N. STE 303
PALM HARBOR, FL 34683

SUBJECT: ADVANCED MEDICAL BRACING LLC
Ref. Number: W19000091202

We have received your document for ADVANCED MEDICAL BRACING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section "Signature of Authorized Representative of Limited Liability Company" in the Articles of Conversion. A signature is required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 719A00021139

20 JAN -6 PM 4:44
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Advanced Medical Bracing 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:

Loutricia Morgan
(Contact Person)

Advanced Medical Bracing LLC
(Firm Company)

2710 Abernethy 1st N. Ste 303
Address

Tallahassee, FL 32314
(City, State and Zip Code)

AMBracing@aol.com
(e-mail Address - to be used for future annual report notifications)

For further information concerning this matter, please call:

Loutricia Morgan at (727) 754-3000
(Name of Contact Person) (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)

<input type="checkbox"/> \$125.00 Filing Fees, & \$125 for Conversion & \$125 for Articles of Organization)	<input checked="" type="checkbox"/> \$185.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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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
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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:
Advanced Medical Bracing LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Ohio
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/21/2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Advanced Medical Bracing LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 08/09/2019
(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.

FILED
20 JUN -5 PM 4:44
CLERK OF THE COURT
JANUARY 2020

Signed this 13 day of September 2019.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Printed Name: Loutricia Morgan

Title: MGR

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

Signature

Printed Name: Loutricia Morgan

Title: MGR

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Medical Bracing LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2710 Alternate 19 N. Ste 303

Palm Harbor, FL 34683

Mailing Address:

2710 Alternate 19 N. Ste 303

Palm Harbor, FL 34683

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Loutricia Morgan

Name

2710 Alternate 19 N. Ste 303

Florida street address (P.O. Box NOT acceptable)

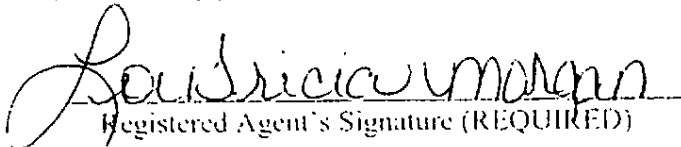
Palm Harbor

FL 34683

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Loutricia Morgan

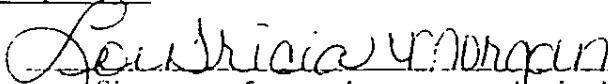
2710 Alternate 19 N. Ste 303

Palm Harbor, FL 34683

(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.817.155, F.S.

Loutricia Morgan

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)