

L200000068988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

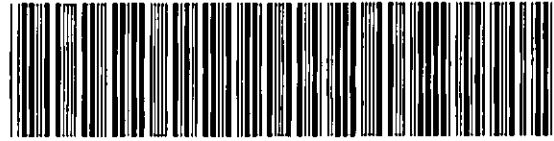
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600340256136

02/13/20--01015--015 \*\*190.00

FILED  
2020 FEB 13 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EAR - 5 2020  
K. Brumbley

**GASSMAN, CROTTY & DENICOLO, P.A.**

ATTORNEYS AT LAW

ALAN S. GASSMAN\*+  
KENNETH J. CROTTY\*\*\*\*^  
CHRISTOPHER J. DENICOLO\*\*\*  
BRANDON L. KETRON\*~  
JOHN N. BECK\*  
ADRIANA M. CHOI

1245 COURT STREET  
CLEARWATER, FL 33756  
TELEPHONE: (727) 442-1200  
FAX: (727) 443-5829  
WWW.GASSMANLAW.COM

-----  
\*LL.M. IN TAXATION  
+BOARD CERTIFIED LAWYER  
WILLS, TRUSTS AND ESTATES  
\*\*\*LL.M. IN ESTATE PLANNING  
^BOARD CERTIFIED LAWYER TAX LAW  
~CERTIFIED PUBLIC ACCOUNTANT

**February 12, 2020**  
**VIA UPS OVERNIGHT DELIVERY**

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

**Re: DAVID A. LICKSTEIN, M.D., P.A.**  
**Document Number: P05000093620**

Dear Sir/Madam:


Enclosed for filing please find Articles of Conversion and Articles of Organization whereby DAVID A. LICKSTEIN, M.D., P.A., a Florida professional association, will convert into DAVID A. LICKSTEIN, M.D., L.L.C., a Florida limited liability company.

Also enclosed please find a check made payable to Department of State in the amount of \$150.00 for filing fees.

Please return the filed document to our office in the enclosed self-addressed, stamped envelope.

Please contact Jamie Parisi of my office if you have any questions on the above.

Very truly yours,

  
Christopher J. Denicolo

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:  
DAVID A. LICKSTEIN, M.D., P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a professional association  
(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 June 30, 2005  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
DAVID A. LICKSTEIN, M.D., L.L.C.

(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.

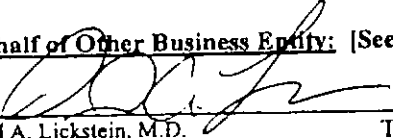
FILED  
2020 FEB 13 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 12 day of February 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Alan S. Gassman Title: Authorized Representative

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

Signature:   
Printed Name: David A. Lickstein, M.D. 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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVID A. LICKSTEIN, M.D., L.L.C.

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

## ARTICLE II - Address:

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

### Principal Office Address:

5540 PGA Boulevard

Suite 200

Palm Beach Gardens, FL 33418

### Mailing Address:

5540 PGA Boulevard

Suite 200

Palm Beach Gardens, FL 33418

## 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:

Alan S. Gassman

Name

1245 Court Street

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

Clearwater

City

FL, 33756

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)

**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:**

DAVID A. LICKSTEIN, M.D.  
5540 PGA Boulevard, Suite 200  
Palm Beach Gardens, FL 33418

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

(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.

Alan S. Gassman, Authorized Representative

\_\_\_\_\_  
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)**