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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Riverside Melbourne, LLC	
	Resulting Florida Limited Company)
The enclosed Articles of Conversion Arti	ticles of Organization, and fees are submitted to convert an "Other Liability Company" in accordance with s. 605.1045, F.S.
Jason D. Slater	
(Contact Person)	
Rossway Swan Tierney Barry & Oliver, P.L.	
(Firm/Company)	
2101 Indian River Blvd., Suite 200	
(Address)	
Vero Beach, FL 32960	
(City, State and Zip Code)	
jslater@rosswayswan.com	
E-mail Address: (to be used for future annual re	eport notifications)
For further information concerning this ma	atter, please call
Jason D. Slater	
(Name of Contact Person)	at (772) 231-4440 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the l	int: (All checks proceed by the co
S150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) S155.00 Filing Fees and Certificate of Status	and Certified Copy S180.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

FILED

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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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a general partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
September 10, 2004 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: Riverside Melbourne, 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.
1)

- 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 11 day of 18etch	20 2 c
Signature of Authorized Representative of Li	
Signature of Authorized Representative: Printed Name: Jason D. Slater	Till Organizer
Signature(s) on behalf of Other Business Entity	: [See below for required signature]
Signature: 60-Printed Name: Michael F. Lesser, M.D	Title: General Parters
一点 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	~~~
Printed Name: David J. Pocoski, M.C.	Title: General Partner
Signature:	
Signatura	Title:
Signature: Printed Name:	Title:
Signature: Printed Namo:	
Simana	Title:
Signature: Printed Name:	Title:
H Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an in If Florida General Partnership or Limited Liabil Signature of one General Partner.	· Officer. ncorporator must sign.
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity Limited Fartnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Ciganization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Riverside Melbourne, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 930 S. Harbor City Blvd., Suite 500 930 S. Harbor City Blvd., Suite 500 Melboume, FL 32901 Melbourne, FL 32901 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: Law Office of David A. Gunter, P.A. Name 7351 Office Park Place, Suite 153 Florida street address (P.O. Box NOT acceptable) Melbourne 32940-8229 City Zip Having been named as registered agent and to accept service of process for the above stated limUed liab/ity company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the providons of all statutes relating to the proper and complete performance of my duties, and I amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR AMBR	Michael F. Lesser, M.D. 745 Beach St. Satellite Beach, FL 32937 David J. Pocoski, M.D.	
MGR	703 Atlantic Blvd. Melbourne Beach, FL 32951 Donna Ellis, President 930 S. Harbor City Blvd, Suite 500 Melbourne, FL 32937	
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.		FIATE
REQUIRED SIGNATURE:	ias als	
	n authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am a ent to the Department of State constitutes a third deg	

Typed or printed name of signee Filing Fees \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-