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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

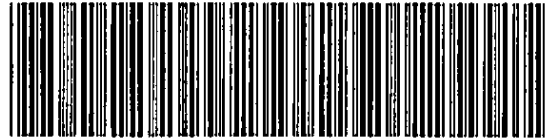
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JAN 23 2020

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CLERK OF STATE
DIVISION OF CORPORATIONS
20 JAN 23 PM 12:13

LAW OFFICES
ROBERT L. TRESCOTT, P.L.

2605 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 446-3117

ROBERT L. TRESCOTT
J.D., LL.M. (in Taxation), C.P.A.
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MICHAEL V. ARROYAVE
J.D., LL.M. (in Estate Planning)
Of Counsel
michael@tdslawyers.com

January 22, 2020

Secretary of State
New Filing Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Plastic Surgery Associates of Miami, LLC

Dear Sir/Madam:

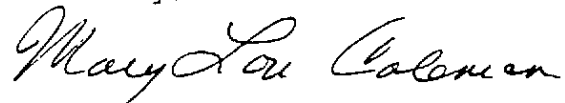
Please find enclosed the following documents with respect to the captioned limited liability company:

- (1) Articles of Conversion for Other Business Entity into Florida Limited Liability Company converting Plastic Surgery Associates of Miami, Inc. to Plastic Surgery Associates of Miami, LLC.
- (2) Articles of Organization for Florida Limited Liability Company for Plastic Surgery Associates of Miami, LLC.
- (3) Check payable to Secretary of State in the amount of \$180.00 for the filing fee and certified copy.

Secretary of State
New Filing Section
Division of Corporations
January 22, 2020
Page 2

You will also note a stamped, self-addressed envelope for your convenience. Of course if you have any questions, please contact us. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Mary Lou Coleman". The signature is written in dark ink and is positioned below the word "Sincerely,".

Mary Lou Coleman
Florida Registered Paralegal

enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PLASTIC SURGERY ASSOCIATES OF MIAMI, 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:

ALEXANDER ZURIARRAIN

(Contact Person)

(Firm/Company)

6541 SOUTHWEST 76TH TERRACE

(Address)

SOUTH MIAMI, FLORIDA 33143

(City, State and Zip Code)

CJIMENEZ@TDSLAWYERS.COM

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

For further information concerning this matter, please call:

ALEXANDER ZURIARRAIN

(Name of Contact Person)

at (305) 798-2453

(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

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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:
PLASTIC SURGERY ASSOCIATES OF MIAMI, P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION

(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 08/26/2015

(date of organization, formation or incorporation)

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

PLASTIC SURGERY ASSOCIATES OF MIAMI, 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.

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Signed this 21 day of January 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: ALEXANDER ZURIARRAIN

Title: MANAGER

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

Signature: _____

Printed Name: ALEXANDER ZURIARRAIN

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:

PLASTIC SURGERY ASSOCIATES OF MIAMI, 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:

8585 SW 72nd Street #107
6541 SOUTHWEST 76TH TERRACE
SOUTH MIAMI, FLORIDA 33143

Mailing Address:

8585 SW 72nd Street #107
6541 SOUTHWEST 76TH TERRACE
SOUTH MIAMI, FLORIDA 33143

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:

ALEXANDER ZURIARRAIN

Name

8585 SW 72nd Street
6541 SOUTHWEST 76TH TERRACE #107
Florida street address (P.O. Box NOT acceptable)

SOUTH MIAMI

FL


33143

City

Zip

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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

mgr

Name and Address:

ALEXANDER ZURIARRAIN

6541 SOUTHWEST 76TH TERRACE

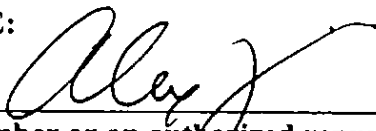
SOUTH MIAMI, FLORIDA 33143

Alexander Zuriarrain
8585 S.W. 72nd Street #107
South Miami, FL 33143

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.
ANY AND ALL LAWFUL PURPOSES.

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.

ALEXANDER ZURIARRAIN

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)