

L20000090799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 23 2020

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SECRETARY 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.
ALSO ADMITTED IN NEW YORK
rltrescott@aol.com

MICHAEL V. ARROYAVE
J.D., LL.M. (in Estate Planning)
Of Counsel
michael@tdslawyers.com

January 22, 2020

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

Re: Zuri Plastic Surgery, LLC

Dear Sir/Madam:

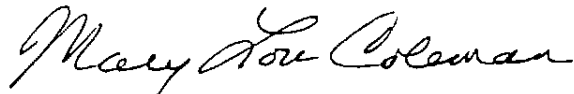
Please find enclosed the following documents with respect to the captioned limited liability company:

- (1) Articles of Conversion for Other Business Entity into Florida Limited Liability Company converting Zuri Plastic Surgery, Inc. to Zuri Plastic Surgery, LLC.
- (2) Articles of Organization for Florida Limited Liability Company for Zuri Plastic Surgery, 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
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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 above the printed name.

Mary Lou Coleman
Florida Registered Paralegal

enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ZURI PLASTIC SURGERY, 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~~ 8585 SW 72nd Street #107

(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

at (305) 798-2453

(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)

☐ \$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

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:
ZURI PLASTIC SURGERY, 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 P19-1361
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/03/2019
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
ZURI PLASTIC SURGERY, 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 Jan 2020.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Alex

Printed Name: ALEXANDER ZURIARRAIN

Title: MANAGER

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

Signature: Alex

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZURI PLASTIC SURGERY, 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 #107
6541 SOUTHWEST-76TH-TERRACE

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

SOUTH MIAMI

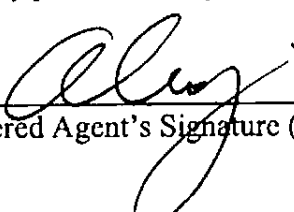
FL

33143

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

MGR

Name and Address:

ALEXANDER ZURIARRAIN

~~6541 SOUTHWEST 76TH TERRACE~~

SOUTH MIAMI, FLORIDA 33143

Alexander Zurarrain
8585 SW 72 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)