

L20000096832

(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

12000028951

APR 06 2020

T. SCOTT



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03/04/20--01025--017 \*\*165.00

2020 APR -6 PM 4:45  
16.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2020

DEBBIE RENKEN  
MOORE & MENKHAUS, PL  
4160 NW 1ST AVE #58  
BOCA RATON, FL 33431

SUBJECT: ENT AND ALLERGY ASSOCIATES OF FLORIDA, LLC  
Ref. Number: W20000028951

We have received your document for ENT AND ALLERGY ASSOCIATES OF FLORIDA, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 220A00006008

850-245-6052

ENC

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ENT and Allergy Associates of Florida, 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:

Debbie Renken  
(Contact Person)

Moore & Menkhous, P.A.  
(Firm/Company)

4160 NW 1<sup>st</sup> Ave. #58  
(Address)

Boca Raton, FL 33431  
(City, State and Zip Code)

tsblum@ent99f.com  
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Debbie Renken at ( 561 ) 394-7910  
(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

**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. Monroe Street, Suite 810  
Tallahassee, FL 32303

*FL Dept of SHL*

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:

Ear, Nose & Throat Associates of South Florida, P.A.  
(Enter Name of Other Business Entity)

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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 October 27, 1997  
(date of organization, formation or incorporation)

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

ENT and Allergy Associates of Florida, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: date of filing  
(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.

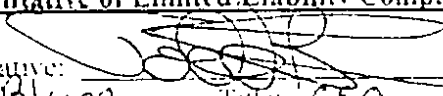
5. The plan of conversion has been approved in accordance with all applicable statutes.

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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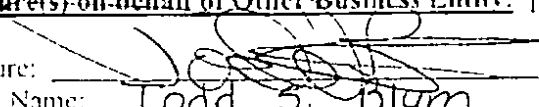
Signed this 28<sup>th</sup> day of February, 2020.

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

Signature of Authorized Representative: 

Printed Name Todd S. Blum Title: CEO

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

Signature: 

Printed Name: Todd S. Blum Title: CEO

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:

ENT and Allergy Associates of Florida, 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:

1601 Clint Moore Rd  
Suite 215  
Boca Raton, FL 33487

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

## 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.)

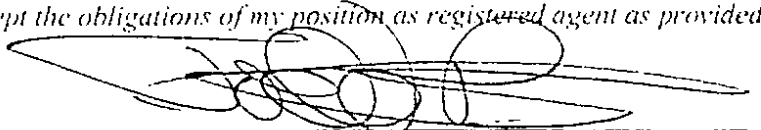
The name and the Florida street address of the registered agent are:

Todd S. Blum  
Name

1601 Clint Moore Rd, Ste 215  
Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33487  
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)

2020 APR -6 PM 4:47

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager


Name and Address:

See attachment listing  
all 8 managers

(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.

Todd S. Blum

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)**

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Nathan Nachlas 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Ari Wirtschafter 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Michael Aronsohn 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	John Lanza 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Terry Olson 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Michael Galin 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Skip Daube 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487
MGR	Curtis Johnson 1601 Clint Moore Road, Ste 215 Boca Raton, FL 33487



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Moore & Menkhaus, P.L.

ATTORNEYS AT LAW

4160 NW 1<sup>ST</sup> AVE

SUITE 58

BOCA RATON, FL 33431

EMAIL: DAVE@MENKHAUSLAW.COM

TELEPHONE: (561) 394-7910

FACSIMILE: (561) 393-6541

April 2, 2020

To Whom it may concern:

As CEO and Registered Agent of ENT and Allergy Associates of Florida, P.A. ("ENTAAF, PA") I hereby confirm that ENT and Allergy Associates of Florida, PA consents and agrees to the conversion of Ear Nose and Throat Associates of South Florida, PA into ENT and Allergy Associates of Florida, LLC and its use of that name:

I am also the CEO and Registered Agent of ENT and Allergy Associates of Florida, LLC.

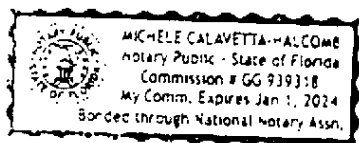
Very truly yours,




Todd S. Blum, CEO

NOTARY

In the County of Palm Beach, State of Florida, on this 2 day of April, 2020, before me, the undersigned Notary Public personally appeared Todd S. Blum, personally known to me, proved to me through documentary evidence, or identified by a credible witness to be the person named in the foregoing, and executed the same.



Affix stamp

  
Notary Signature

Michele Calavetta-Halcom  
Printed Name