

L20000297600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

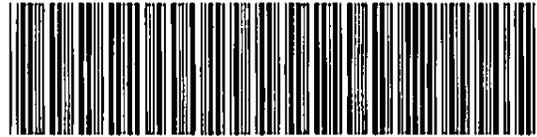
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/20--01041--016 **155.00

FILED
2020 SEP 30 AM 11:26
SHERMAN COUNTY, OR
SHERMAN COUNTY, OR

C RICO
JUL 23 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. **Totality Health LLC** _____

Name

Document Number (if known)

Walk in

_____ Will wait

_____ Certified Copy of:

Certificate of Status

NEW FILINGS

AMENDMENTS

_____ Profit

_____ Amendment

_____ Not for Profit

_____ Resignation of R.A. Officer/Director

_____ Limited Liability

_____ Change of Registered Agent

_____ *Domestication*

_____ *Dissolution/Withdrawal*

_____ INC

Conversion

_____ OTHER

_____ Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

_____ Annual Report

_____ Foreign

_____ Fictitious Name

_____ Limited Partnership

_____ Statement of Authority

_____ Reinstatement

_____ APOSTIL

_____ Trademark

_____ Other

_____ **COUNTRY**

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TOTALITY HEALTH 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:

CHELSEA DAVIDSON
(Contact Person)

TOTALITY HEALTH LLC
(Firm/Company)

1449 YAMATO ROAD, SUITE 2
(Address)

BOCA RATON, FL 33431
(City, State and Zip Code)

chelseadavidson84@yahoo.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CHELSEA DAVIDSON at (407) 448-3966
(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

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:
TOTALITY HEALTH, 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, DOC# P15000093353
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/16/2015
(date of organization, formation or incorporation)

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

2020 SEP 30 AM 11
FILED

Signed this 29TH day of SEPTEMBER 20 20

Signature of Authorized Representative of Limited Liability Company:

* Signature of Authorized Representative: _____
Printed Name: CHELSEA DAVIDSON Title: MGR

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

* Signature: _____
Printed Name: RICHARD M. DAVIDSON Title: PRESIDENT

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:

TOTALITY HEALTH 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:

1449 YAMATO ROAD
SUITE 2
BOCA RATON, FL 33431

1449 YAMATO ROAD
SUITE 2
BOCA RATON, FL 33431

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:

CHELSEA DAVIDSON
Name
1449 YAMATO ROAD, SUITE 2
Florida street address (P.O. Box **NOT** acceptable)
BOCA RATON FL 33431
City Zip

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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:

CHELSEA DAVIDSON

1449 YAMATO ROAD, SUITE 2

BOCA RATON, FL 33431

(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.

CHELSEA DAVIDSON

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)