

L20000299611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

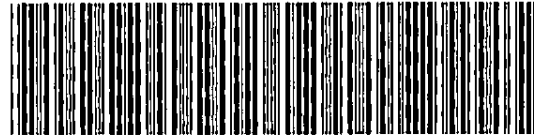
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



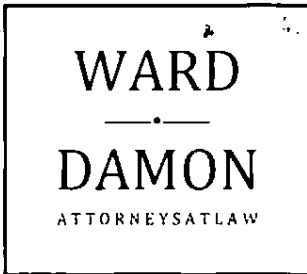
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SECRETARY OF STATE
TALLAHASSEE FL

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N CULLIGAN
SEP 17 2023



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

August 25, 2020

VIA FedEx 7713 5560 8298
New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: **US Medical Providers Inc.**
Ref. Number: P19000069399

Dear Sir or Madam:

Please find enclosed the Articles of Conversion for US Medical Providers Inc., currently a Florida corporation and Articles of Organization. Also, enclosed please find our check number 015450 in the amount of \$155.00, which represents the filing fee and the certificate of status. Once the Articles are filed, please provide confirmation of the filings in the self-addressed stamped envelope provided herein.

If you have any questions, please do not hesitate to contact our office.

Yours truly,

Maria Lippiello

Maria Lippiello
Real Estate Paralegal

IT/ml
Enc

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: US MEDICAL PROVIDERS INC.

(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:

ROBERT HOPTA

(Contact Person)

(Firm/Company)

4730 NW 2nd Avenue, Suite 201

(Address)

Boca Raton, FL 33431

(City, State and Zip Code)

hopta.b@cpointmedia.com

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

For further information concerning this matter, please call:

Adam R. Seligman at (561) 842-3000

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2020

WARD DAMON ATTORNEYS AT LAW
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

SUBJECT: US MEDICAL PROVIDERS LLC
Ref. Number: W20000106482

We have received your document for US MEDICAL PROVIDERS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 220A00017694

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SECRETARY OF STATE
TALLAHASSEE, FL

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:
US MEDICAL PROVIDERS INC

(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 08/29/2019
(date of organization, formation or incorporation)

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

Signed this 11th day of AUGUST 20 20

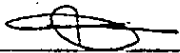
Signature of Authorized Representative of Limited-liability Company:

Signature of Authorized Representative: 

Printed Name: ROBERT HOPTA

Title: MANAGER

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

Signature: 

Printed Name: ANTHONY BASILE

Title: VICE 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

SECRETARY OF STATE
TALLAHASSEE, FL

OF

US MEDICAL PROVIDERS LLC

THE UNDERSIGNED, pursuant to the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - NAME

The name of this Limited Liability Company is:

US MEDICAL PROVIDERS LLC

ARTICLE II - DURATION

The duration of this Limited Liability Company is perpetual.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY

The mailing address of the business of this Limited Liability Company is 3200 N. Federal Hwy., Ste. 227, Boca Raton, FL 33431, and the principal place of business of this Limited Liability Company is 3200 N. Federal Hwy., Ste. 227, Boca Raton, FL 33431.

ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of this Limited Liability Company's initial registered office in Florida is 4730 NW 2nd Avenue, Ste. 201, Boca Raton, FL 33431, and the name of its initial registered agent at that address is Robert Hopta.

ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The names and addresses of the initial managers are as follows:

Robert Hopta	4730 NW 2nd Avenue, Suite 201 Boca Raton, FL 33431
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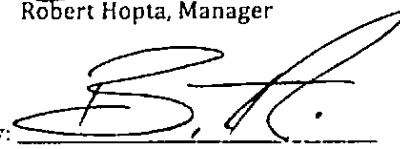
Brandon Rashkin	4730 NW 2nd Avenue, Suite 201 Boca Raton, FL 33431
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Prepared by: Adam R. Seligman, Esq.
4420 Beacon Circle
West Palm Beach, Florida 33407
Bar No: 22923 ♦ Phone: 561/842-3000

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.

DATED this 11th day of August, 2020.

By: 
Robert Hopta, Manager

By: 
Brandon Rashkin, Manager

Prepared by: Adam R. Seligman, Esq.
4420 Beacon Circle
West Palm Beach, Florida 33407
Bar No: 22923 ♦ Phone: 561/842-3000

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for **US MEDICAL PROVIDERS LLC**, at the Initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: August 11th, 2020.



Robert Hopta
4730 NW 2nd Avenue, Suite 201
Boca Raton, FL 33431

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TALLAHASSEE, FL