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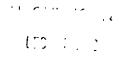
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SECRETARY OF STATE



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| TO: | New Filing S Division of C | | | | | |
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| CHE | ECT: BELLA | r. PATEL, P.A. | | | | |
| SUBJ | EC1 | | sulting Florida L | imited Co | mpany) | |
| | | | | | nd fees are submitted to convert an "Ot accordance with s. 605.1045, F.S. | he |
| Please | e return all corr | espondence concernin | g this matter | to: | | |
| Harry | Teichman, Esq. | | | | | |
| | | (Contact Person) | | · - | | |
| Older | Lundy Alvarez 8 | . Koch | | | | |
| | | (Firn/Company) | | | | |
| 1000 \ | W Cass Street | | | | | |
| | | (Address) | | | | |
| Tampa | a, FL 33606 | | | | | |
| | () | City, State and Zip Code) | | | | |
| hteich | man@olalaw.co | m | | | | |
| E-r | nail Address: (to b | e used for future annual re | port notification | ıs) | | |
| For fu | rther informati | on concerning this ma | tter, please ca | ıll: | | |
| Harry | Teichman, Esq. | | at (⁸¹³ |) ⁵⁶⁰⁻ | 1854 | |
| | (Name of Contr | act Person) | (Area C | ode) (Da | ytime Telephone Number) | |
| | | for the following amou a bank located in the | | | sed by this office must be payable in U | S |
| (\$25 fo & \$125 | 0.00 Filing Fees or Conversion of for Articles onization) | □\$155.00 Filing Fees and Certificate of Status | \$180.00 Fi and Certified | | ☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status | |
| | Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, 1 | ection Corporations 17 | | New Divis The (| et Address: Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

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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

SECRETARY OF STATE TALLAHASSUE, FL

Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: BELLA Y. PATEL, P.A. (Enter Name of Other Business Entity) Florida professional association 2. The "Other Business Entity" is a _____ (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) 11/16/1995 on (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: BELLA Y. PATEL, 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 17th day of November | |
|---|--|
| Signature of Authorized Representative of Limit | |
| Signature of Authorized Representative: Printed Name: Harry Teichman for Yogesh Patel | Title: Resident Agent |
| Signature(s) on behalf of Other Business Entity: (| See below for required signature(s)] |
| Signature: Hay P. Toture - | • • |
| Signature: Printed Name: Harry Teichman for Yogesh Patel | Tide: Manager |
| Printed Ivame Harry Agramation Togesia Stell | _ Title |
| Signature: | |
| Printed Name: | |
| 0. | |
| Signature:Printed Name: | Title |
| rinted Name. | _ Title |
| Signature: | |
| Printed Name: | _ Title: |
| | |
| Signature: | This |
| Printed Name: | _ Title: |
| Signature: | |
| Printed Name: | Title: |
| | |
| If Florida Corporation: | \ cr |
| Signature of Chairman, Vice Chairman, Director, or C | |
| If Directors or Officers have not been selected, an Inc | orporator must sign. |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| All others: Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$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:

| BELLA Y. PATEL, LLC | |
|---|--|
| (Must contain the words "Limited Liability Company "L. L. C." or "L. C.") | |

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: | |
|---------------------------|------------------------|--|
| 13026 WATERFORD RUN DR | 13026 WATERFORD RUN DR | |
| RIVERVIEW, FL 33569 | RIVERVIEW, FL 33569 | |
| | | |

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:

| Na | me |
|---------------------------|---------------------------------|
| 13026 WATERFORD RUN | DR |
| Florida street address (P | P.O. Box <u>NOT</u> acceptable) |
| RIVERVIEW | FL ³³⁵⁶⁹ |
| 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)

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|--|--|-------------|--|
| "MGR" = Manager MGR | Yogesh Patel 13026 WATERFORD RUN DR | | |
| | Riverview, FL 33569 | | |
| | | <u> </u> | |
| | | CREIX | |
| | | | |
| (Use attachment if necessary) | | | |
| (Ose andermient if necessary) | | | |
| FICLE V: Other provisions, if any. | | | |
| REQUIRED SIGNATURE: | | | |
| | P. 7 d | | |

Typed or printed name of signee

Harry Teichman on behalf of Yogesh Patel

as provided for in s.817.155, F.S.

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)