

L21 0000 61892

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

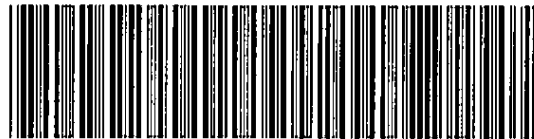
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12/18/20--01023--016 **150.00

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2020 DEC 18 AM 10:48

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MA 0000011115129



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2020

LISSET MARTINEZ
7805 CORAL WAY, SUITE 101
MIAMI, FL 33155 US

SUBJECT: FLORIDA CENTER FOR COMPREHENSIVE PAIN MANAGEMENT
LLC
Ref. Number: W20000146569

FILED
2020 DEC 18 AM 10:14
TALLAHASSEE, FL 32301

We have received your document for FLORIDA CENTER FOR COMPREHENSIVE PAIN MANAGEMENT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 020A00026231

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FLORIDA CENTER FOR COMPREHENSIVE PAIN MANAGEMENT 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:

LISSET MARTINEZ

(Contact Person)

N/A

(Firm/Company)

7805 CORAL WAY, Suite 101

(Address)

MIAMI FL. 33155

(City, State and Zip Code)

llimaa100@hotmail.com

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

For further information concerning this matter, please call:

LISSET MARTINEZ

(Name of Contact Person)

at (786) 600 5919

(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 ☐ \$155.00 Filing Fees ☐ \$180.00 Filing Fees ☐ \$185.00 Filing Fees,
(\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and
& \$125 for Articles Status Certificate of Status of Organization)

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

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2020 DEC 18 AM 10:48
TALLAHASSEE, FLORIDA

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:

GENERAL CARE CENTER INC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a INCORPORATED

(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 04/02/2007

(date of organization, formation or incorporation)

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

FLORIDA CENTER FOR COMPREHENSIVE PAIN MANAGEMENT LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 12/01/2020

(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 30th day of NOVEMBER 2020

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Signed this 30th day of November 2020

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Jay C. Franklin
Printed Name: JAY C. FRANKLIN Title: PRESIDENT

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

Signature: Jay C. Franklin
Printed Name: JAY C. FRANKLIN 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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ARTICLE IV-

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

Title:

Name and Address:

"VP" = Vice President

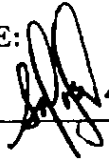
LISSET MARTINEZ

7805 CORAL WAY Suite 101

Miami FL 33155

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.

LISSET MARTINEZ

Typed or printed name of signee

2020 DEC 18 AM 10:48
FILED
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA CENTER FOR COMPREHENSIVE PAIN MANAGEMENT LLC.

(Must contain the words "Limited Liability Company," "LLC," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

7805 CORAL WAY, Suite 101

Miami FL 33155

Mailing Address:

7805 CORAL WAY Suite 101

Miami FL 33155

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:

JAY C. FRANKLIN

Name

9370 SW 72nd Street # A212,

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

Miami

FL 33173

City

Zip

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TALLAHASSEE FLORIDA

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.

Jay C. Franklin

Registered Agent's Signature (REQUIRED)

(CONTINUED)