

L2100010/505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

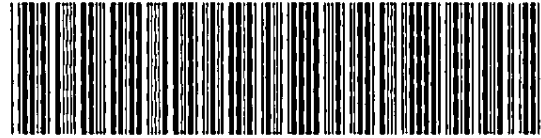
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W210000 31299

Office Use Only



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**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 03/03/2021

**\*\*WALK IN\*\***

ENTITY NAME INTEGRATED MEDICAL INVESTMENT GROUP, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX \_\_\_\_\_

*Plain Copy*

**\*\*WALK IN\*\***

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$150.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**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.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
INTEGRATIVE MEDICINE INVESTMENT GROUP, INC.  
(Enter Name of Other Business Entity)

The "Other Business Entity" is a Corporation P100000 49596  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

It was organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

June 29, 2020  
(date of organization, formation or incorporation)

The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
INTEGRATED MEDICAL INVESTMENT GROUP, LLC  
(Enter Name of Florida Limited Liability Company)

Not effective on the date of filing, enter the effective date: \_\_\_\_\_  
**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.)**  
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.

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

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 18 day of FEBRUARY 2021.

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

Signature of Authorized Representative: *T. Fields*  
Printed Name: ROBERT C FIELDS Title: AMBR

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

Signature: *T. Fields*  
Printed Name: ROBERT C FIELDS Title: O

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If no Directors or Officers have not been selected, an Incorporator must sign.

**Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**Notarization:**

Signature of an authorized person.

Notarization Fee:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Notarized 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:

INTEGRATED MEDICAL INVESTMENT GROUP, 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:

1440 Coral Ridge Drive, #361

Coral Springs, Florida 33701

### Mailing Address:

1440 Coral Ridge Drive, #361

Coral Springs, Florida 33071

## 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:

Seth Hamovitch, Esquire

Name

One West Las Olas Blvd., Suite 500

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

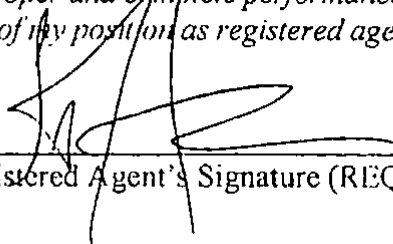
Fort Lauderdale

FL 33301

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)

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**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:**

Robert C. Fields

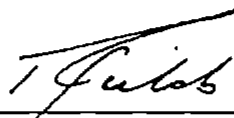
1440 Coral Ridge Drive, #361

Coral Springs, FL 33017

(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.

ROBERT C FIELDS

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)