

L21000133494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

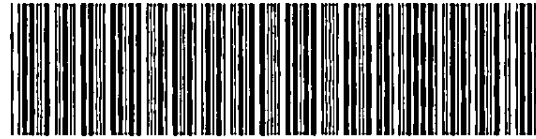
(Business Entity Name)

(Document Number)

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

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01/15/21--01022--009 \*\*155.00

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21 FEB 23 PM 5:13  
SECRETARY OF STATE  
JALAPASS, FLORIDA

W21-15347



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2021

MARYURI A. VELAZQUEZ  
LYPHATIC MASSAGE OF FLORIDA, INC  
15750 WOODGATE CT.  
SUNRISE, FL 33326

SUBJECT: LYMPHATIC MASSAGE OF FLORIDA, LLC  
Ref. Number: W21000015347

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TALLAHASSEE, FLORIDA

We have received your document for LYMPHATIC MASSAGE OF FLORIDA, 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 821A00002801

RECEIVED  
2021 FEB 23 PM 12:31  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Lymphatic Massage of Florida  
(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:

Maryuri A. Velazquez  
(Contact Person)

Lymphatic Massage of Florida  
(Firm/Company)

15750 Woodgate Ct.  
(Address)

Sunrise, FL 33326  
(City, State and Zip Code)

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

For further information concerning this matter, please call:

Maryuri Velazquez at ( 954 ) 562-6197  
(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:

Lymphatic Massage of Florida, Inc  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a S 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 8/14/19  
(date of organization, formation or incorporation)

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

Lymphatic Massage of Florida, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: 1/01/2021  
(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 9 day of January 2021.

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

Signature of Authorized Representative: Maryuri A. Velazquez  
Printed Name: Maryuri A. Velazquez Title: Single-Member

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

Signature: Maryuri A. Velazquez  
Printed Name: Maryuri A. Velazquez Title: President/Director

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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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lymphatic Massage of Florida, 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:

3325 S. University Dr.  
Suite 205  
Davie, FL 33328

### Mailing Address:

15750 Woodgate Ct.  
Sunrise, FL 33326

## 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:

Maryuri A. Velazquez  
Name

15750 Woodgate Ct.  
Florida street address (P.O. Box **NOT** acceptable)

Sunrise FL 33326  
City Zip

REGISTERED  
AGENT  
STATE  
FLORIDA

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*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..*

Maryuri A. Velazquez  
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

AMBR

**Name and Address:**

Maryuri A. Velazquez  
15750 Woodgate Ct.  
SUNRISE, FL 33324

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Maryuri A. Velazquez

**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.

Maryuri A. Velazquez

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)**