

L21000145091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

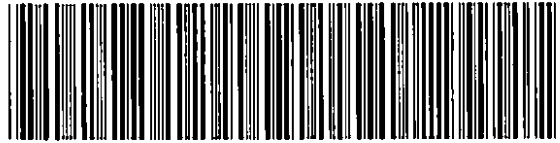
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Holland & Knight

Requester's Name

315 South Calhoun Street, suite 600

Address

Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Stanley D. Braverman, M. D., LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☒ Other Conversion

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

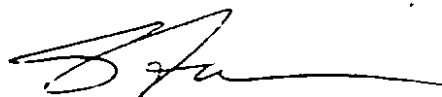
ARTICLES OF CONVERSION
FOR
"OTHER BUSINESS ENTITY"
INTO
FLORIDA LIMITED LIABILITY COMPANY

These 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 these of Articles of Conversion is Stanley D. Braverman, M.D., P.A.
2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on August 30, 1984. **H19165**
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is Stanley D. Braverman, M.D., L.L.C.
5. These Articles of Conversion is effective as of the date of filing with the Florida Secretary of State.
6. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

Signed this 2nd day of April, 2021.

Signature of Authorized Representative of the Limited Liability Company:



Name: Stanley D. Braverman, M.D.
Title: Authorized Representative

Signature on behalf of Other Business Entity:

Signature of Chairman, Vice Chairman, Director, or Officer.



Name: Stanley D. Braverman, M.D.
Title: Director

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**ARTICLES OF ORGANIZATION
OF
STANLEY D. BRAVERMAN, M.D., LLC**

The undersigned, being a duly authorized representative of the Member(s), desiring to form a limited liability company under and pursuant to the Revised Florida Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is Stanley D. Braverman, M.D., LLC (the "Company").

ARTICLE II. ADDRESS

The principal and mailing address of the Company is 1050 N. Federal Hwy, Hollywood, FL 33020.

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 1050 N. Federal Hwy, Hollywood, FL 33020 as the street address of the initial registered office of the Company and names Stanley D. Braverman, M.D. as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV. DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement or pursuant to the Revised Florida Limited Liability Act, as amended from time to time.

ARTICLE V. MANAGEMENT

The Company shall be conducted, carried on, and managed by at least one (1) Manager and is, therefore, a manager-managed Company. The name and address of the initial person authorized to manage and control the Company is:

Title:
Manager

Name and Address:
Stanley D. Braverman, M.D.
1050 N. Federal Hwy
Hollywood, FL 33020

ARTICLE VI. PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 2nd
of April, 2021.



Stanley D. Braverman, M.D.,
Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for Stanley D. Braverman, M.D., I.I.C. to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 605, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this 2nd day of April, 2021.



Stanley D. Braverman, M.D.

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