

LA1000264708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

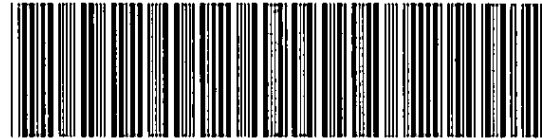
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 14 PM 12:42
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hector Felipe Fernandez, M.D., 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:

Alexandra Chancy

(Contact Person)

Perlman, Bajandas, Yevoli, & Albright, P.L.

(Firm/Company)

200 South Andrews Avenue, Suite 600

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

achancy@pbyalaw.com

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

For further information concerning this matter, please call:

Alexandra Chancy at (954) 566-7117

(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

2021 MAY 14 PM 12:45
TALLAHASSEE, FL

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:
Hector Felipe Fernandez, M.D., Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a 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 P94000072071 9/30/1994
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Hector Felipe Fernandez, M.D., 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.

2021 MAY 14 PM 12:45
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

Signed this 11 day of May 20 21.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____

Printed Name: Hector F. Fernandez, M.D.

Title: Authorized Representative

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

Signature: _____

Printed Name: Hector F. Fernandez, M.D.

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)

2021 MAY 14 PM 12:45

2021 MAY 14 PM 12:45

2021 MAY 14 PM 12:45

**ARTICLES OF ORGANIZATION
OF
HECTOR FELIPE FERNANDEZ, M.D., LLC
(a Florida Limited Liability Company)**

The undersigned, for the purpose of forming a Florida Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes, hereby adopts, makes, signs and delivers these Articles of Organization:

**ARTICLE I
NAME**

The name of the limited liability company is **Hector Felipe Fernandez, M.D., LLC** (the "Company").

**ARTICLE II
MAILING AND PRINCIPAL OFFICE ADDRESS**

The mailing address of the Company is 4330 Sheridan Street, Suite 201B, Hollywood, FL 33021. The principal office address of the Company is 8130 Royal Palm Blvd., Suite 200, Coral Springs, FL 33065.

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and address of the Company's initial registered agent and registered office are: PBYA Corporate Services, LLC, 200 S. Andrews Ave., Suite 600, Fort Lauderdale, FL 33301.

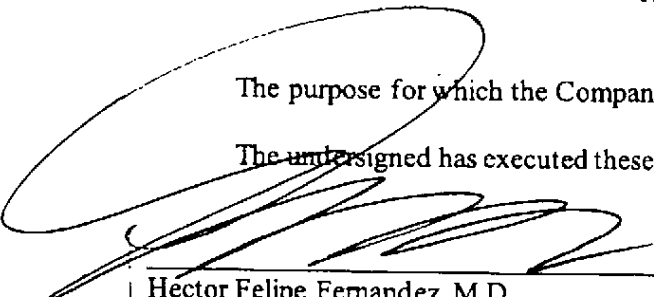
**ARTICLE IV
MANAGEMENT**

The Company shall be manager-managed.

**ARTICLE V
PURPOSE**

The purpose for which the Company is organized is any lawful business.

The undersigned has executed these Articles of Organization as of May 11, 2021.


Hector Felipe Fernandez, M.D.
Authorized Representative

2021 MAY 14 PM 12:45
SECRETARY

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT AND REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement in designating the registered agent and registered office in the State of Florida:

The name of the limited liability company is **Hector Felipe Fernandez, M.D., LLC** (the "Company").

The Registered Agent and Registered Office of the Company are PBYA Corporate Services, LLC, 200 S. Andrews Ave., Suite 600, Fort Lauderdale, FL 33301.

Having been named as Registered Agent and to accept service of process for the Company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in such 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.

Dated: May 11, 2021.

PBYA Corporate Services, LLC

By: 