# La1000a7a147

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Bosiness Link, Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6/11/2001 Loca



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#### **COVER LETTER**

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SURIFCT: G	Grand Re	evenue Cycle Managem	ent, Ind	2					
3013201		(Name of Res	ulting F	lorida Lin	nited Cor	mpany)	<del></del>		
						nd fees are submitted to coordance with s. 605			her
Please return a	all corre	espondence concernin	g this r	natter to	:				
Frankie R. Grra	andberry	,							
	, <u></u> .	(Contact Person)			<del>_</del>		.5	502	urg
Grand Revenue	e Cycle	Management, Inc					*. *. *- *-	- H/	
-	<u></u>	(Firm/Company)					÷-,	2021 MA 1 -14	
1204 Black Kni	ight Dr						÷	<b>-</b> -	
		(Address)							
Valrico, Fl 3359	94	, ,						ro L	•
	((	City, State and Zip Code)			_				
fgrandberry@g	randron	n.com							
E-mail Addre	ess: (to b	e used for future annual re	port not	ifications)					
For further inf	formatio	on concerning this ma	tter, pl	ease call	:				
Frankie Grandb	perry		_at (_	13	) <sup>486</sup> ~	4361			
(Name	of Conta	ct Person)		(Area Cod		ytime Telephone Number)	<del></del>		
		or the following amou a bank located in the			process	sed by this office mus	t be payal	ole in U	S
\$150.00 Filin (\$25 for Convers & \$125 for Artic of Organization)	sion les	S155.00 Filing Fees and Certificate of Status		80.00 Filin Certified Co		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
New F Division P.O. B	ox 632	ection orporations			New Divis The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su	ite 810		

Tallahassee, FL 32303

INHS11 (7/17)

#### 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 Article rand Revenue Cycle Management, Inc	s of Co	nversio	on is:
_	(Enter Name of Other Business Entity)			
2.	The "Other Business Entity" is a Corporation	<del></del>	<del></del>	
	(Enter entity type. Example: corporation, limited partnership, general partnership, commor	i law or b	usiness	trust, etc.)
Fii	rst organized, formed or incorporated under the laws of	name of the	he coun	_ try)
on	09//21//2020			
	(date of organization, formation or incorporation)			
3.	The name of the Florida Limited Liability Company as set forth in the attached Artic	les of O	rgani	zation:
Gr	and Revenue Cycle Management ८८८			
	(Enter Name of Florida Limited Liability Company)			
(T the <u>No</u>	If not effective on the date of filing, enter the effective date:  he effective date: Cannot be prior to date of receipt or filed date nor more than 90 e date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date current'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 appraisa which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	d rights	theam 1821 HAY -4 [18 3: 2	ount to

Signed this 29 day of April	2021				
Signature of Authorized Representative of Limited Liability Company:					
Signature of Authorized Representative: 10-1	Kill Mardburg  Title: President				
Signature(s) on behalf of Other Business Entity:					
Printed Name: Frankil Grand berny	Title: 787 Junt				
Signature: Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:	Title:				
Signature:Printed Name:					
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: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Grand Revenue Cycle Management LLC (Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1204 Black Knight Dr Valrico, Fl. 33594	PO Box 197 Brandon, Fl. 33511
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Frankie Grandberry	
Name	
1204 Black Knight Dr Florida street address (P.O.	Box NOT acceptable)
Valrico	FL 33594
City	Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S

(CONTINUED)

#### **ARTICLE IV-**

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

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Frankie Grandberry			
	1204 Black Knight Dr			
	Valrico, Fl 33594			
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	<del></del>			
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(Use attachment if necessary)		) 	Æ	
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ICLE V: Other provisions, if any.		<b>.</b> .	끚	+ 4
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REQUIRED SIGNATURE:				
$(\mathcal{A})$	1 / 00			
Marshed Lang	1000			
-//5				
Signature of a member or a	an authorized(representative of a me	mber		
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes.	I am av		
	nent to the Department of State constitutes a thi	rd degr	ree felon	y
as provided for in s,817.155, F.S.	1			
tranvul frand	berry			
TVI	ped or printed name of signee			
- 71	Filing Fees			
\$125 00 Filing Fee for Articles of	f Organization and Designation of Ro	egiste	red Aa	ent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)