

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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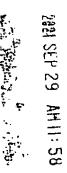
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COVER LETTER

TO:	New Filing S Division of C				
SHR	IFCT. Elite Inte	grated Medical, LLC			
300	JEC 1	(Name of Res	sulting Florida Limit	ed Cor	npany)
					d fees are submitted to convert an "Othe ecordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this matter to:		
Rose	Michel Paulk				
		(Contact Person)			
Elite	Integrated Medica	al, LLC			
		(Firm/Company)		•	
202 N	Nathey Street				
		(Address)		•	
Nicev	ville, Florida 3257	8			
	(4	City, State and Zip Code)			
Mtind	lol@bwb.cpa				
E-	mail Address: (to b	e used for future annual re	port notifications)		
For ti	urther informati	on concerning this ma	tter, please call:		
Rose Michel Paulk			at (850	678-2	2890
	(Name of Conta	ict Person)	(Area Code)	(Day	2890 time Telephone Number)
		or the following amou a bank located in the		rocess	ed by this office must be payable in US
(\$25 f & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	■\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing and Certified Cop		□\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee. I	ection orporations 7		New I Divisi The C	Address: Filing Section on of Corporations fentre of Tallahassee 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 <u>Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with § 605.1041 – § 605.1046, Fla. Stat. (2021).

- 1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Elite Integrated Medical, LLC.
- 2. The "Other Business Entity" is a <u>Limited Liability Company</u> first organized under the laws of the <u>State of Georgia</u>.
- 3. The "Other Business Entity" was formed on May 27, 2011.
- 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Elite Integrated Medical, LLC.
- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this September 24, 2021.

Signature of the Authorized Representative of the Limited Liability Company:

Signature

Rose Michel Paulk, Manager

Required Signatures on behalf of the Other Business Entity:

Signature:

Rose Michel Paulk, Manager

ARTICLES OF ORGANIZATION

FOR

ELITE INTEGRATED MEDICAL, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Elite Integrated Medical, LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

202 Nathey Street Niceville, Florida 32578

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Rose Michel Paulk 202 Nathey Street Niceville, Florida 32578

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.

Rose Paulk (sign)

ARTICLE IV. Authorized Members and Managers

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The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Rose Michel Paulk 202 Nathey Street Niceville, Florida 32578

ARTICLE V.

The Effective date shall be the date of filing.

Rose Paulk (sign)

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.

Rose Michel Paulk
Authorized Representative/Member