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(Business Entity Name)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Elite Integrated Medical, 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:

Rose Michel Paulk

(Contact Person)

Elite Integrated Medical, LLC

(Firm/Company)

202 Nathey Street

(Address)

Niceville, Florida 32578

(City, State and Zip Code)

Mtindol@bwb.cpa

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

For further information concerning this matter, please call:

Rose Michel Paulk at (850) 678-2890

(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**

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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 § 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 Limited Liability Company first organized under the laws of the State of Georgia.
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 Paulk  
Rose Michel Paulk, Manager

**Required Signatures on behalf of the Other Business Entity:**

Signature: Rose Paulk  
Rose Michel Paulk, Manager

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**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 Michel Paulk (sign)

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FILED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**ARTICLE IV.**  
**Authorized Members and Managers**

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

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	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