

L22000036439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000380538800

FILED  
SECRETARY OF STATE  
DEPT. OF CORPORATIONS  
2022 JAN 31 PM 1:15

2022 JAN 31 PM 2:04

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 1/31/22**

**NAME: PROVISION PARTNERS INTERNATIONAL, LLC**

**TYPE OF FILING: CONVERSION**

**COST: 150.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*asHodge*

---

## COVER LETTER

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

**SUBJECT:** PROVision Partners International, 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:

Lorna J. Virts, Paralegal

(Contact Person)

Smith, Gambrell & Russell, LLP

(Firm/Company)

1105 W. Peachtree Street NE, Suite 1000

(Address)

Atlanta, GA 30309

(City, State and Zip Code)

lvirts@sgrlaw.com

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

For further information concerning this matter, please call:

Lorna J. Virts at (404) 815-3500

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2022

FLORIDA FILING

SUBJECT: PROVISION PARTNERS INTERNATIONAL LLC  
Ref. Number: W22000010299

We have received your document for PROVISION PARTNERS INTERNATIONAL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Signatures are not legible on the Certificate of Conversion and Articles. The Signatures need to be darker.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 222A00002472

Please keep original file date  
Thank you!

2022 JAN 31 PM 1:15

**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:  
PROVision Partners International, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Georgia  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/16/2019  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
PROVision Partners International, 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.

Signed this 31st day of January 20 22

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: /s/L. Gregory Hopkins

Printed Name: L. Gregory Hopkins Title: Manager

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

Signature: /s/L. Gregory Hopkins

Printed Name: L. Gregory Hopkins Title: Manager

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)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PROVision Partners International, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

435 Canal Street

Suite 210

New Smyrna Beach, FL 32168

### Mailing Address:

435 Canal Street

Suite 210

New Smyrna Beach, FL 32168

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

L. Gregory Hopkins

Name

435 Canal Street, Suite 210

Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach

FL 32168

City

Zip

*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..*

/s/L. Gregory Hopkins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
2022 JAN 31 PM 1:15  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

L. Gregory Hopkins  
435 Canal Street, Suite 210  
New Smyrna Beach, FL 32168

MGR

David B. Chestler  
435 Canal Street, Suite 210  
New Smyrna Beach, FL 32168

MGR

Gregory John Pesik  
435 Canal Street, Suite 210  
New Smyrna Beach, FL 32168

MGR

Andrea Mane  
435 Canal Street, Suite 210  
New Smyrna Beach, FL 32168

(Use attachment if necessary)

2022 JAN 31 PM 1:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE V: Other provisions, if any.**

Management of the limited liability company shall be vested in one or more managers.

**REQUIRED SIGNATURE:**

/s/L. Gregory Hopkins

**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.

L. Gregory Hopkins

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**