# 1720001LO489

(F	Requestor's Name)	
(Address)		
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
( <u>[</u>	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions t	to Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Telepractitioners Limited Liability COMPany (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:
Ketan Moran (Contact Person)
Telegractioners S Corp (Firm/Company)
6440 Devesta Loup (Address)
Palmetto, Fl 34221 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Name of Contact Person) at (\$13) 735-9164 (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)
S150.00 Filing Fees (\$25 for Conversion & and Certificate of & status  Status  S150.00 Filing Fees & S180.00 Filing Fees & Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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1 CORPORATIONS
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March 29, 2022

KETAN MORAN 6440 DEVESTA LOOP PALMETTO, FL 34221

SUBJECT: TELEPTACTITIONERS, LIMITED LIABILITY COMPANY

Ref. Number: W22000040254

We have received your document for TELEPTACTITIONERS, LIMITED LIABILITY COMPANY and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Letter Number: 122A00007285

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Division of Corporations D.O. ROY 6327 Tallahassaa Florida 22214

## **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:    Telepraction of S
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COFOOCATION  (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 ///0/2022 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Telegractitioners Limited Liability Company) (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 2/25/22 or on or over (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 25th day of February	_ 20 <u>_</u> 22
Signature of Authorized Representative of Limit	ted Liability Company:
Signature of Authorized Representative: 76- Printed Name: 64-60 Marko	Tille: Prisident/Mgr
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Ketan Moran	
Printed Name: Ketan Moran	Title: MGR
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Telepractitioners Limited Licbility Company (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:	<u>Maining Address:</u>
201 Devesta Loug Palmetto, Fr 34221	6440 Drursta Loup Palmetto, Fl 34221
	<del></del> -

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:

Kelan Mora	Υ .		
Name			
6440 Devesta	Loop		
Florida street address (P.O. Box NOT acceptable)			
Palmetto	FL	341221	
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..

Registered Agent's Signature (REQUIRED)

(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	Kelen Moran Metzza
	Palmetta, F) 34221
·	
	7977
(Use attachment if necessary)	
CLE V: Other provisions, if any.	1: 27
REQUIRED SIGNATURE:	
	<del></del>
This document is executed in accordance any false information submitted in a docur as provided for in s.817.155, F.S.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felorises.
Ketan Morar	ped or printed name of signee Filing Fees
Тур	ped 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)