# 122000221777

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **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:  Concleme Conversion Therapy PLLC  (Enter Name of Other Business Entity)
TEnter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of Wew York Starte (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on $\frac{O/28/2019}{\text{(date of organization, formation or incorporation)}}$
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
PELVIC SOUL 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.)
<u>Note:</u> 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 19 day of April	20_2.2
Signature of Authorized Representative of Lim	
Signature of Authorized Representative: The Printed Name: South Printed Name:	Title: Actinorized Meuroper
Signature(s) on behalf of Other Business Entity:	
Signature: TALYACT Printed Name: SOJATA MARTIN	N.A
Printed Name: SOJATA MARTIN	Title: MR Wilden
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Signature: Printed Name:	m: 1
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	Officer. acorporator must sign.
If Florida General Partnership or Limited Liabil. Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Mailing Address:

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

Tampa, FL 33625	15012 P	٠٤ <u>٢٤ ٢</u> ٢ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤ ٢٤	Drive
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	1 Office, & Registered Agent, You must	stered Agent' ( designate an indiv	's Signature: cidual or another
The name and the Florida street address of the r	registered agent a	ure:	
Nathanie! Name	lartin		
Name	e		
15012 Red cli	iff Diw	2	
Florida street address (P.O	Box NOT acce	ptable)	
Tampa	FL 33	625	
City	Zij	p	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as reg	n this certificate, it city. I further agra performance of m gistered agent as	I hereby acceptee to comply way duties, and I provided for it	t the appointment as with the provisions of all I am familiar with and
Registered Agent's Sign			
(CONTIN			
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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 APRE	Sajata Martin 15012 Releliff Drug Tampa, FL 33625	
NABE	Nothaniel Martin	
	Tampa. FL 33625	
***************************************		
(Use attachment if necessary)		
ARTICLE V: Other provisions, if any.	; ;	
REQUIRED SIGNATURE:	•	 93
Signature of a member or an This document is executed in accordance wi	authorized representative of a member th section 605.0203 (1) (b), Florida Statutes. I am aware that it to the Department of State constitutes a third degree felony	

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)