

W23000261805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

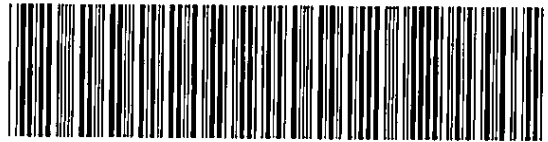
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000038286

Office Use Only



300402185443

Handwritten signature/initials

02/28/23--01007--016 **150.00

FILED

2023 MAY -8 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2023

DR MICHAEL ANDERSON JR D.C.
129 BERGAMOT LOOP
DAVENPORT, FL 33837 US

SUBJECT: ANDERSON FAMILY CHIROPRACTIC LLC
Ref. Number: W23000038286

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 223A00006453

RECEIVED

2023 MAY -8 PM 1:56

RECEIVED

2023 MAY -8 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 10 day of February 20 23

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]
Printed Name: Michael Anderson Jr Title: Owner

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

Signature: [Signature]
Printed Name: Michael R. Anderson Jr Title: Owner

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)

2023 MAY -8 AM 1:59
TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Anderson Family Chiropractic 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:

Dr. Michael Anderson Jr. D.C.

(Contact Person)

Anderson Family Chiropractic

(Firm/Company)

129 Bergamot Loop

(Address)

Davenport, Fl. 33837

(City, State and Zip Code)

drmikeyr@gmail.com

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

For further information concerning this matter, please call:

Dr. Michael Anderson Jr. 616 402-0867
at ()
(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

RECEIVED
MAY -8 AM 2:00
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

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:
Anderson Family Chiropractic PLLC

(Enter Name of Other Business Entity)
Professional Limited Liability Company

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

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

10/10/2008

on _____
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Anderson Family Chiropractic 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.

2023 MAY -8 AM 2:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Anderson Family Chiropractic 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:

129 Bergamot Loop

Davenport, FL 33837

Mailing Address:

129 Bergamot Loop

Davenport, FL 33837

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:

Michael Anderson Jr.

Name

129 Bergamot Loop

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

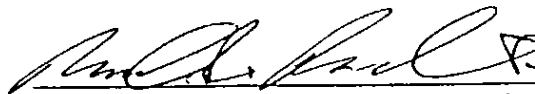
Davenport

33837
FL

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)

FILED
2023 MAY -8 AM 2:00
CLERK OF STATE
TALLAHASSEE, FL

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:

Michael Anderson Jr

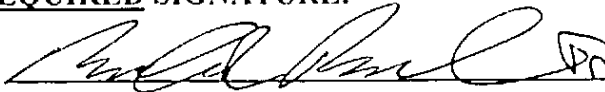
129 Bergamot Loop

Davenport, FL 33837

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Michael Anderson Jr.

Typed or printed name of signee

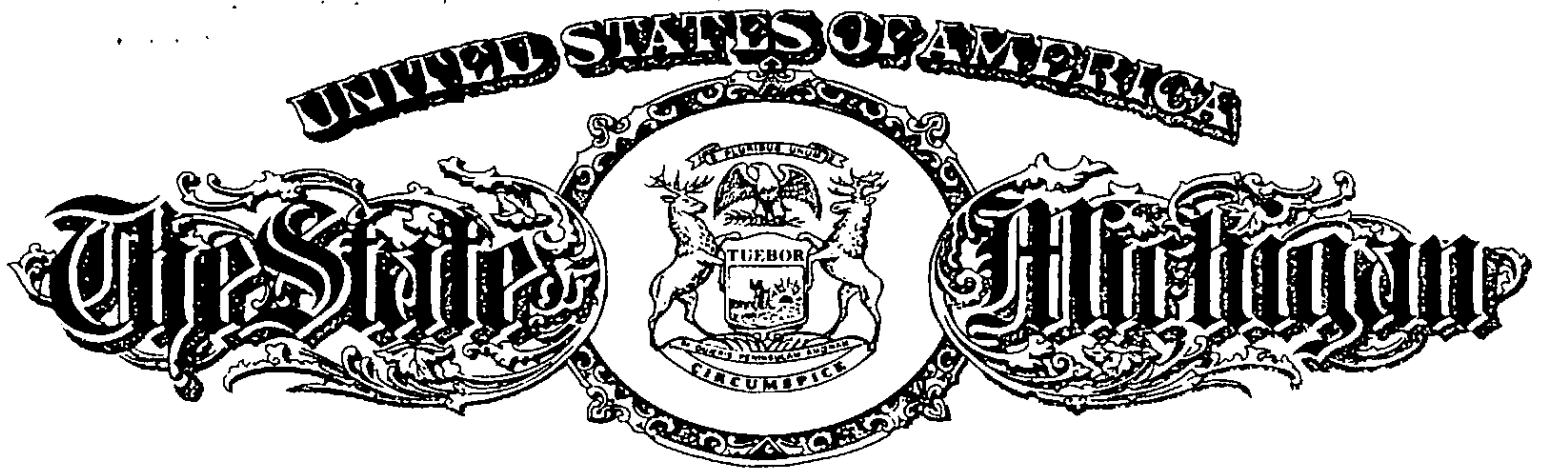
Filing Fees

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2023 MAY -8 AM 2:00
OFFICE OF THE
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ANDERSON FAMILY CHIROPRACTIC, PLLC

*was validly authorized on October 10, 2008, as a Michigan
DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 22120397709

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 16th day of December, 2022.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau