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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



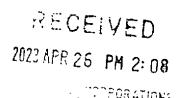
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## **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	ECT: Georgia	Complex Spine, LLC			
0000		(Name of Res	sulting Florida Li	mited Cor	npany)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corr	espondence concernin	g this matter to	);	
Steph	en B. James				
		(Contact Person)			
Georg	jia Complex Spir	ne. LLC			
		(Firm/Company)			
33 Ric	Vista Drive				
		(Address)			
Stuart	, FL 34996				
	((	City, State and Zip Code)			
james	sb@icloud.com				
E-n	nail Address: (to b	e used for future annual re	port notifications	)	
For fu	rther informati	on concerning this ma	tter, please cal	l:	
Steph	en B. James		_at ( <u>678</u>	, 521-	7064
	(Name of Conta	ict Person)	(Area Co	de) (Day	rtime Telephone Number)
		or the following amou a bank located in the		s process	sed by this office must be payable in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Fili and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection forporations 7		New Divis The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303



March 21, 2023

STEPHEN B. JAMES GEORGIA COMPLEX SPINE, LLC 33 RIO VISTA DRIVE STUART, FL 34996

SUBJECT: GEORGIA COMPLEX SPINE, LLC

Ref. Number: W23000038543

We have received your document for GEORGIA COMPLEX SPINE, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the highlighted sections in the Articles of Conversion and Articles of Organization. Signatures are missing and the entity name is missing in the Articles of Organization.

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.

DANIEL L O'KEEFE Regulatory Specialist II

www.sunbiz.org

DO DOV 6007 W H 1 1 1 0001

Letter Number: 023A00006513

FILED SECRETARY OF STATE FALLAHASSEE, FLORIDA

# Articles of Conversion

For

2023 APR 26 PM 3: 27

# "Other Business Entity"

# 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:
Georgia Complex Spine LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(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)
(Enter state, or if a non-U.S. entity, the name of the country)
07/19/2015 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:
Blue Water Orthopedic and Spine
(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 21 day of February	_20 <u>23</u> .
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: Stephen B. James	Title: Chairman
Signature(s) on behalf of Other Business Entity:	Secure below for required signature(s)
Signature: 13 Printed Name: 57EPHEN B TAMES	Title: CHAPMAN X
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	
Signature: Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Incompared to the Compared to	
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LLC	ust contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - A		
The mailing addre	ess and street address of the	e principal office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
33 Rio Vista Drive		33 Rio Vista Drive
Stuart, FL 34996		Stuart, FL 34996
Stuart, FL 34996		
ARTICLE III - F		red Office, & Registered Agent's Signature:
ARTICLE III - F		
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Re	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)  Florida street address of the Stephen B. James	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)  Florida street address of the Stephen B. James	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)  Florida street address of the Stephen B. James  Na  33 Rio Vista Drive	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Company cannot serve as its own Reactive Florida registration.)  Florida street address of the Stephen B. James  Na  33 Rio Vista Drive	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:

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 Agont's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

'MGR" = Manager	
<del></del>	
	<del></del>
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Use attachment if necessary)	
Use attachment if necessary)	
.E V: Other provisions, if any.	
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.E V: Other provisions, if any.	
.E V: Other provisions, if any.	MA)
.E V: Other provisions, if any.	BAO
.E V: Other provisions, if any.  REQUIRED SIGNATURE:	BJo
.E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member o	r an authorized representative of a member
E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member
E V: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	r an authorized representative of a member
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance any false information submitted in a document is executed in accordance and false information submitted in a document is executed in accordance and false information submitted in a document is executed in accordance and false information in the	r an authorized representative of a member
Signature of a member of a provided for in s.817.155, F.S.  Stephen B. James	BJo