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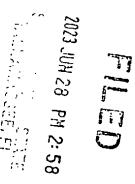
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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IN BOTH AND LED USE

Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2023

MALLORY E. MCCARROLL, ESQUIRE AMELIA LAW GROUP, PLLC 960194 GATEWAY BLVD., SUITE 101 FERNANDINA BEACH, FL 32034 US

SUBJECT: PRS SERVICES, LLC Ref. Number: W23000099892

We have received your document for PRS SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000047654.

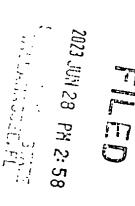
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rickey L Richardson Regulartory Specialist II

Letter Number: 823A00016272

RECEIVED M23 AUG TO FM 123 T



#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: PRS MEDICAL SERVICE	ES, LLC		
Nam	e of Resulting Florida Limit	ed Company)	_
The enclosed Articles of Conversion Business Entity" into a "Florida Lim	nited Liability Company	on, and fees are submitted to "in accordance with s. 605.	o convert an "Other 1045, F.S.
Please return all correspondence cor	icerning this matter to:		
MALLORY E. MCCARROLL, ESQUIRI	<b>E</b>		
(Contact Person)		•	207
AMELIA LAW GROUP, PLLC			2023 JUN 28
(Firm/Compan	y)		
960194 GATEWAY BOULEVARD, SU	TE 101		
(Address)			P. F.
FERNANDINA BEACH, FLORIDA 320	34		5 2 D
(City, State and Zip	Code)	•	டு: ்வ
MMCCARROLL@AMELIALAWGROU	P.COM		, , ,
E-mail Address: (to be used for future a	innual report notifications)	•	
For further information concerning	this matter, please call:		
LORIE L. CHISM, ESQUIRE	at ( <sup>904</sup>	310-3529	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	<del>_</del>
Enclosed is a check for the followin dollars and drawn on a bank located	<del>-</del> · · · · · · · · · · · · · · · · · · ·	processed by this office mus	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)  \$150.00 Filing Articles			* please apply payore previously submitted via check No. 1630
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

#### **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:  PRS SERVICES, 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 (Enter state, or if a non-U.S. entity, the name of the country)
On January 10, 2017 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: PRS MEDICAL SERVICES, 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 10 day of August	_ 20 <b>_23</b>	
Signature of Authorized Representative of Limit	ed Liability Company:	
Signature of Authorized Representative:Printed Name: PAUL SCHRIEVER	Title: MEMBER MANAGER	
Signature(s) on behalf of Other Business Entity: [5		
Signature: Printed Name: PAUL SCHRIEVER	Title: MANAGER	
Signature:Printed Name:		
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Signature: Printed Name:	Title:	
Signature:	_ Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ry Limited Partnership:	(2 ~
All others: Signature of an authorized person.		023 JUN 28
Fees:		128
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	PH 2: 58

#### ARTICLES OF ORGANIZATION OF PRS MEDICAL SERVICES, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Revised Florida Limited Liability Company Act, Chapter 605, Florida Statutes, as the same may from time to time be amended (the "Act").

#### **ARTICLE 1 - NAME**

The name of this limited liability company (the "Company") is PRS MEDICAL SERVICES, LLC.

#### ARTICLE II - ADDRESS

The address of the principal office is 736 South Fletcher Avenue, Fernandina Beach, Florida 32034, and the mailing address of this Company is 736 South Fletcher Avenue, Fernandina Beach, Florida 32034.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Company is 736 South Fletcher Avenue, Fernandina Beach, Florida 32034 and the name of its initial registered agent at such address is Paul Schriever.

#### ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial person authorized to manage and control the Company is as follows:

Paul Schriever 736 South Fletcher Avenue Fernandina Beach, Florida 32034

#### ARTICLE V - EFFECTIVE DATE

The Articles of Organization shall be effective on August 15, 2023.

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#### ARTICLE VI - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this <u>10</u> day of August, 2023, to be effective on August 15, 2023. In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Paul Schriever

Authorized Representative

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 605, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

I. The name of the limited liability company is:

#### PRS MEDICAL SERVICES, LLC

The name and address of the registered agent and office are:

PAUL SCHRIEVER 736 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FLORIDA 32034

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.

Dated: August 10, 2023

To be effective August 15, 2023

Signature of Registered Agent

Paul Schriever, Registered Agent

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