

L23000441987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

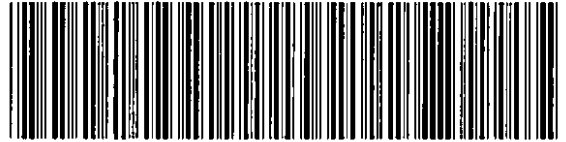
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Support@flpatellaw.com  
Tel: 727.279.5037  
Fax: 727.888.1294

360 Central Avenue  
Suite 800  
Saint Petersburg, Florida 33701

September 5, 2023

*Sent via First Class Mail*  
**New Filing Section**  
**Division of Corporation**  
**The Centre of Tallahassee**  
**2415 North Monroe Street**  
**Suite 810**  
**Tallahassee, FL 32303**

**RE: Infocus Healthcare, LLC**

Dear Secretary of State,

Enclosed are the (i) Articles of Conversion for "Other Business Entity" into a Florida Limited Liability Company, (ii) the Articles of Organization for Infocus Healthcare, LLC, and (iii) check # 1564 totaling \$155 for the filing fees and Certificate of Status.

If there are any issues, please contact:

Name:	Tim Inam
Firm:	FL Patel Law PLLC
Address:	360 Central Avenue, STE 800
City, State & Zip:	St. Petersburg, FL 33701
Phone:	727-279-5037
E-mail:	<u>Support@flpatellaw.com</u>

Very Truly,

Tim Inam  
Corporate Paralegal & Support

**ARTICLES OF CONVERSION**  
**FOR**  
**"OTHER BUSINESS ENTITY"**  
**INTO**  
**FLORIDA LIMITED LIABILITY COMPANY**

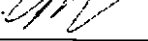
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The Articles of Conversion and attached Articles of Organization are submitted to convert the following "**Other Business Entity**" into a **Florida Limited Liability Company** in accordance with Fla. Stat. § 605.1045.

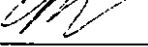
1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Infocus Healthcare, LLC
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of Illinois.
3. The "Other Business Entity" was formed on December 15, 2017.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Infocus Healthcare, LLC
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this August 29, 2023.

**Signature of the Authorized Representative of the Limited Liability Company:**

Signature:   
Charles Reotutar, Manager

**Required Signatures on behalf of the Other Business Entity:**

Signature:   
Charles Reotutar, Manager

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**INFOCUS HEALTHCARE, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Infocus Healthcare, LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

130 N Wall St  
Inlet Beach, Florida 32461

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Charles Reotutar  
130 N Wall St  
Inlet Beach, Florida 32461

*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.*

  
\_\_\_\_\_  
Charles Reotutar (sign)

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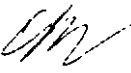
**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Charles Reotutar 130 N Wall St Inlet Beach, Florida 32461
<u>MGR</u>	Melissa Reotutar 130 N Wall St Inlet Beach, Florida 32461

**ARTICLE V.**

The Effective date shall be the date of filing.

  
\_\_\_\_\_ (sign)

**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.

\_\_\_\_\_  
Charles Reotutar  
Authorized Representative/Member

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