

L23000474433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

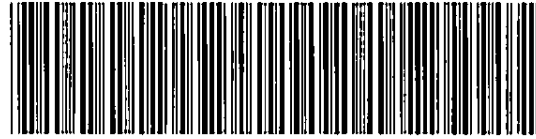
(Document Number)

Certified Copies _____

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S CHATHAM
OCT 17 2023

10/13/23--01001--009 **180.00

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PROFESSIONAL OFFICE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capital Medical Building, 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:

Charles L. Cooper, Jr., Esq.

(Contact Person)

Bryant Miller Olive P.A.

(Firm/Company)

1545 Raymond Diehl Road, Suite 300

(Address)

Tallahassee, Florida 32308

(City, State and Zip Code)

CCooper@bmlaw.com

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

For further information concerning this matter, please call:

Charles L. Cooper, Jr., Esq.

at (

850

) 222-8611

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2023

CHARLES L. COOPER, JR., ESQ. 2ND
1545 RAYMOND DIEHL ROAD, SUITE 300
TALLAHASSEE, FL 32308 US

SUBJECT: CAPITAL MEDICAL BUILDING, LLC
Ref. Number: W23000140815

We have received your document for and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state when the business entity was first formed and organized. Our records indicate the General Partnership in question started October 06, 2023.,

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

Carlos E Rico
Supervisor
New Filing Section

Letter Number: 623A00023732

RECEIVED
2023 OCT 16 AM 11:25
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Bryant Miller Olive

Attorneys at Law
1545 Raymond Diehl Road
Suite 300
Tallahassee, FL 32308
Tel 850.222.8611
Fax 850.222.8969
www.bmolaw.com

October 16, 2023

Via Hand Delivery

Division of Corporations
Attn: New Filing Section
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

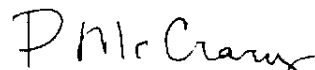
Re: Capital Medical Building, LLC
Ref. Number: W23000140815

Dear Sir or Madam:

Enclosed for filing are the corrected Articles of Conversion of Capital Medical Partnership which have been corrected in accordance with Letter Number: 623A00023732 dated October 13, 2023 (a copy of which is attached for your reference).

Please call me if you have any questions.

Sincerely,



Pamela K. McCrary, FRP
Paralegal

Enclosures

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:
Capital Medical Partnership

(Enter Name of Other Business Entity)

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

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

on October 6, 2023
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Capital Medical Building, 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 6th day of October 20 23

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]

Printed Name: Barbara Lauer

Title: Manager

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

Signature: X [Signature]

Printed Name: Barbara Lauer

Title: General Partner

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Capital Medical Building, 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:

3801 Bobbin Brook Circle
Tallahassee, Florida 32312

Mailing Address:

3801 Bobbin Brook Circle
Tallahassee, Florida 32312

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:

Barbara Lauer

Name

3801 Bobbin Brook Circle

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

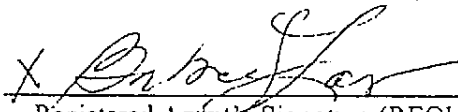
Tallahassee

FL 32312

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..

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Barbara Lauer

3801 Bobbin Brook Circle

Tallahassee, Florida 32312

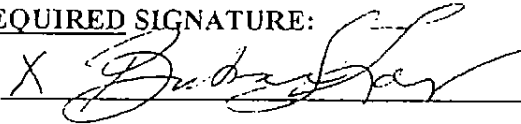
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(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

The Members may enter into a written Operating Agreement providing for (i) management and operation of the business and assets of the Company; (ii) restrictions upon the transfer of equity ownership interests in the Company; and (iii) other matters.

REQUIRED SIGNATURE:

X 

10/6/2023

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.317.155, F.S.

Barbara Lauer, Member

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)