

L23000486114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

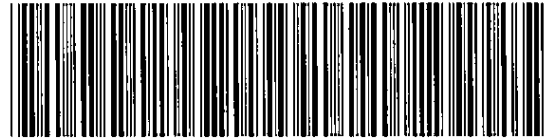
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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600417581646

Office of
Division of Corporations
Tallahassee, Florida

OCT 25 PM 3:30

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 089103 9140A

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : October 25, 2023

ORDER TIME : 1:51 PM

ORDER NO. : 089103-005

CUSTOMER NO: 9140A

DOMESTIC AMENDMENT FILING

NAME: ADVANCED PHYSICAL THERAPY &
REHAB OF LEE, INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
XX CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ADVANCED PHYSICAL THERAPY & REHAB OF LEE, 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:

DAVID J. MENKHAUS

(Contact Person)

MOORE & MENKHAUS PL

- (Firm/Company)-

2700 W. CYPRESS CREEK RD #A-108

{ Address}

FT. LAUDERDALE, FL 33309

(City, State and Zip Code)

jazeller@hotmail.com

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

For further information concerning this matter, please call:

(Name of Contact Person) _____ at (_____) _____
(Area Code) (Daytime Telephone Number)

☐ \$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**

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:
ADVANCED PHYSICAL THERAPY & REHAB OF LEE, INC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(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 2/24/2003
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
ADVANCED PHYSICAL THERAPY & REHAB OF LEE, 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.

2023-02-24 1:47

Signed this 20th day of October 2023

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Thomas S. Zeller

Printed Name: THOMAS ZELLER

Title: MANAGER

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

Signature: Thomas S. Zeller

Printed Name: THOMAS ZELLER

Title: PRESIDENT

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED PHYSICAL THERAPY & REHAB OF LEE, 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:

6314 WHISKEY CREEK DRIVE #D
FT. MYERS, FL 33919-8710

Mailing Address:

6314 WHISKEY CREEK DRIVE #D
FT. MYERS, FL 33919-8710

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:

THOMAS S. ZELLER

Name

6314 WHISKEY CREEK DRIVE SUITE D

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

FT. MYERS

FL 33919

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)

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

MGR

FT. MYERS, FL 33919

ARTICLE V: Other provisions, if any.

SIGNATURE: Thomas S. Jell

This document is prepared 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.

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) **\$ 5.00 Certificate of Status (Optional)**

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