

L23000 490186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

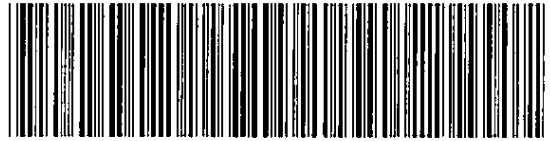
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500431761685

06/21/24--01:18--024 ♦♦25.00

FILED
2024 JUN 21 PM 3:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JLL Anesthesia Services LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Jessica Lowther
Contact Person

JLL Anesthesia Services LLC
Firm/Company

1282 Howard Court
Address

Carson City, NV 89703
City, State and Zip Code

jbargione@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Lowther at (610) 864-4342
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$55.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

FILED

2024 JUN 21 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

JLL Anesthesia Services LLC
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

JLL Anesthesia Services LLC
Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a sole proprietorship / LLC
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

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

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: 7/1/2024
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

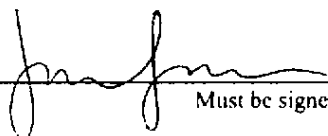
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 1282 Howard Ct
Carson City, NV 89703

Mailing Address: 1282 Howard Ct
Carson City, NV 89703

7. 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 19th day of June, 2024

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Jessica Lowther Title: Manager

Fees:	Filing Fee:	\$25.00
	Certified Copy:	\$30.00 (Optional)
	Certificate of Status:	\$5.00 (Optional)

FILED
2024 JUN 21 PM 3:08
CLERK OF STATE
TALLAHASSEE, FLORIDA



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>FVAguilar</i> Secretary of State State Of Nevada	Business Number
	E40084932024-1
	Filing Number
	2024008492
	Filed On
3/22/2024 10:00:00 AM	
Number of Pages	
3	

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- | | |
|--|---|
| <input checked="" type="checkbox"/> NRS 86 - Articles of Organization
Limited-Liability Company | <input type="checkbox"/> NRS 86.544 - Registration of
Foreign Limited-Liability Company |
| <input type="checkbox"/> NRS 89 - Articles of Organization
Professional Limited-Liability Company | <input type="checkbox"/> NRS 86.555 - Registration of Professional
Foreign Limited-Liability Company |

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See instructions)	JLL Anesthesia Services LLC
2. Foreign Entity Name: (Name in home jurisdiction)	
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: 3b) Date formed: 3c) I declare this entity is in good standing in the jurisdiction of its formation. <input type="checkbox"/>
4. Registered Agent for Service of Process*: (Check only one box)	<input type="checkbox"/> Commercial Registered Agent (name only below) <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title and address below) Jessica Lowther Name of Registered Agent OR Title of Office or Position with Entity 1046 Little Lane Apt 104 Carson City Nevada 89701 Street Address City State Zip Code Mailing Address (if different from street address) City State Zip Code
4a. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. X <u><i>[Signature]</i></u> 3/22/24 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s)
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)	1) Jessica Lowther United States Name Country 1046 Little Lane Apt 104 Carson City NV 89701 Street Address City State Zip/Postal Code
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)	2) Name Country Street Address City State Zip/Postal Code
IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	3) Name Country Street Address City State Zip/Postal Code
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual):



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)				
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>			
10 Records Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip Code
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address Country	City	State	Zip Code
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 - Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p>Jessica Lowther Name United States Country 1046 Little Lane Apt 104 Address Carson City City NV State 89701 Zip/Postal Code X (attach additional page if necessary)</p>			

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)