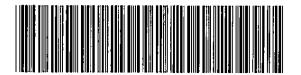
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(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Elliky Name)
(Document Number)
Certified Copies Certificates of Status

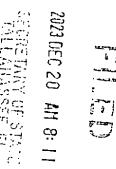
Special Instructions to Filing Officer:





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12/20/23--01020--007 **150.00





COVER LETTER

Division of Corporations			
SUBJECT: Heart Care CFL, PLLC			
(Name of Re	sulting Florida Limit	ed Com	pany)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L	eles of Organization	on, and " in ac	d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:		
Brandon J. Palmer, Esq.			
(Contact Person)			
Roetzel & Andress, LPA			
(Firm/Company)			
999 Vanderbilt Beach Road, Suite 401			
(Address)			
Naples, Florida 34108			
(City, State and Zip Code)		2	
sudha.r@heartcarecfl.com			
E-mail Address: (to be used for future annual re	eport notifications)		
For further information concerning this ma	ntter, please call:		
Brandon J. Palmer, Esq.	at (\ 649-6	5200
(Name of Contact Person)) (Day	time Telephone Number)
Enclosed is a check for the following amo dollars and drawn on a bank located in the		rocess	sed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:			t Address: Filing Section
New Filing Section Division of Corporations			ion of Corporations
P.O. Box 6327			Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

: .

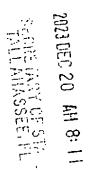
Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles of Conversion <u>and attached Articles of Organization</u> 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: Heart Care CFL, P.A.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a professional association (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
(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)
April 24, 2012 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization Heart Care CFL, PLLC
(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.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Heart Care CFL,		d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
The mailing add	dress and street address o	f the principal office of the Limited I	Liability Company is:
Principal Offic	e Address:	Mailing Address:	
3822 South Was	hington Avenue	3822 South Washington Aver	nue
Titusville, FL 32	780	Titusville, FL 32780	
		_	
	can active Florida registration V	wn Registered Agent. You must designate an ind	ividual or another
	he Florida street address Sudha Talluri-Rao	of the registered agent are:	
	he Florida street address Sudha Talluri-Rao	of the registered agent are: Name	2023 DEC 20 SECRETARY I
	he Florida street address Sudha Talluri-Rao 3822 South Washingto	of the registered agent are: Name on Avenue	
	he Florida street address Sudha Talluri-Rao 3822 South Washingto Florida street addre	Name on Avenue ss (P.O. Box NOT acceptable)	2023 DEC 20 SECRETARY I
	he Florida street address Sudha Talluri-Rao 3822 South Washingto Florida street addre	of the registered agent are: Name on Avenue ss (P.O. Box NOT acceptable) FL 32780	2023 DEC 20 SECRETARY I
	he Florida street address Sudha Talluri-Rao 3822 South Washingto Florida street addre	Name on Avenue ss (P.O. Box NOT acceptable)	2023 DEC 20 SECRETARY I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Signed t	his 19th day of December	20 <u>23 </u>		
<u>Signatu</u>	re of Authorized Representative of Lim	ited Liability Company:		
G: .	re of Authorized Representative: Name: Ravi Rao	10		
Signatur	e of Authorized Representative:	Authorized Representative		
Printed r	Name: Ravi Rao	Title: Authorized Representative	-	
	re(s) on behalf of Other Business Entity:			
Signatur	e: Name Ravi Rao			
Printed N	Name Ray Rao	Title: President	_	
i iiiica i	varie,	Title: 1. societies	-	
Signatur	e .			
Printed N	e: Name:	Title:	_	
Signatur	e: Name:		2023 DEC 20 SECKE IGARY TALLAHAS	
Printed N	Name:	Title:		
				11 (1) 1 1 (1) 1 (1) 1 (1) 1 (1)
Signatur	e:		- 25 %	٠٠.
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Signatur	۰		r . —	
Printed N	e: Name:	Title:	_	
i iiiica i	vanie.	Fide	-	
If Florid	a Corporation:			
	e of Chairman, Vice Chairman, Director, or	Officer.		
	ors or Officers have not been selected, an Ir			
	a General Partnership or Limited Liabil	ity Partnership:		
Signatur	e of one General Partner.			
	la Limited Partnership or Limited Liabili	ity Limited Partnership:		
Signatur	es of ALL General Partners.			
All otho	***			
All other	e of an authorized person.			
orginaturi	e or an authorized person.			
Fees:				
4	Articles of Conversion:	\$25.00		
	Fees for Florida Articles of Organization:	\$125.00		
	Certified Copy:	\$30.00 (Optional)		
	Certificate of Status:	\$5.00 (Optional)		
`	sermination of ordinal.	wante (Optional)		

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	LICCE Unidos D.A
AMBR	HCCF Holdco, P.A. 3822 South Washington Avenue
	Titusville, FL 32780
	TRUSVIIIE, FL 32760
	70 2 0 2
	\$ 2013 DE
	ARY HAS
	5 CO
	
(Use attachment if necessary)	1
CLE V: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
1 41	

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.

Ravi Rao, Authorized Representative

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)