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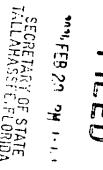
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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T. J.H 3125/24

COVER LETTER

TO: New Filing Se Division of Co						
SUBJECT: George E	Brasinikas, MD, LLC					
SUBJECT:	(Name of Res	ulting Florida Lim	ited Con	npany)	_	
The enclosed Articles Business Entity" into	s of Conversion, Articl a "Florida Limited Li	les of Organiza ability Compan	ion, and y" in ac	d fees are submitted to ecordance with s. 605.1	convert an "Other 045, F.S.	
Please return all corre	espondence concerning	g this matter to:				
Kathryn Coonts			_			
	(Contact Person)					
MyLLC.Com, Inc.						
	(Firm/Company)					
1910 Thomes Ave.						
	(Address)					
Cheyenne, WY. 82001						
<u> </u>	City, State and Zip Code)		-			
filings@myllc.com	ony, out and any					
•	ne used for future annual re	port notifications)	_			
For further informati	on concerning this ma					
Kathryn Coonts		_at (<u>888</u>)886-9		_	
(Name of Conta	ict Person)	(Area Cod	e) (Day	rtime Telephone Number)		
Enclosed is a check to dollars and drawn on	for the following amou a bank located in the	int: (All checks United States)	process	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 Filir and Certified C		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	SECRITALLA	المرتحم
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassec,	ection Corporations 27		New Divis The (2415	Filing Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suit hassee, FL 32303	EB 20 PH 1-1.1 ETANE OF STATE BASSES, FLORIDA	
				1		

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 George Brasinikas, MD, LLC	prior to the filing of the Article	s of Conversion is:
(Enter Name of Other Busines	s Entity)	
2. The "Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited par		n law or business truct etc.)
(Enter entity type. Example: corporation, limited par		Haw or ousiness trust, etc.)
First organized, formed or incorporated under the laws of		name of the country)
09.13.2010 on	··· , •	
(date of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company a George Brasinikas, MD, LLC	s set forth in the attached Artic	eles of Organization:
(Enter Name of Florida Limited Liabili	ty Company)	
	02/01/2024	
4. If not effective on the date of filing, enter the effective	e date:	
(The effective date: Cannot be prior to date of receipt the date this document is filed by the Florida Departm Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	nent of State.)	
5. The plan of conversion has been approved in accordan	ce with all applicable statutes.	
 The "Converted or Other Business Entity" has agreed to which such members are entitled under ss. 605.1006 and 		al rights the amount to SECRETALY AND FEB 23

Signed this 1st day of February	2024
Signature of Authorized Representati	ve of Limited Liability Company:
Signature of Authorized Representative: Printed Name: George Brasinikas	Title: Organizer
Signature(s) on hehalf of Other Busines	SEntity: [See below for required signature(s)]
Signature: Printed Name: George Brasinikas	Title: Manager
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, Elf Directors or Officers have not been selected.	
If Florida General Partnership or Limi Signature of one General Partner.	ted Liability Partnership:
If Florida Limited Partnership or Limi Signatures of <u>ALL</u> General Partners.	ted Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

SECRETARY DE STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	pany is:		
George Brasinikas, MD, LLC			
(Must contain the words "Limite	d Liability Company, "	L.L.C.," or "LLC.	")
ARTICLE II - Address:			
The mailing address and street address of	of the principal of	fice of the Lin	nited Liability Company is:
Principal Office Address:		Address:	
	Ceorge	Brasinikas, MD	II C
		or Passage	. LCO
		ter, FL. 33767	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	own Registered Agent. \	ou must designate	an individual or another
The name and the Florida street address	of the registered :	agent are:	
George Brasinikas			-
	Name		
361 Harbor Passage	;		
Florida street addre	ess (P.O. Box <u>NO</u>	T acceptable)	•
Clearwater	F <u>L</u>	33767	_
City		Zip	
	mated in this certifits capacity. I furth implete performant on as registered against Signature (RE	Sicate, I hereby ser agree to co ce of my duties sent as provide	accept the appointment as mply with the provisions of all s, and I am familiar with and
(C)	ONTINUED)		

Title:	Name and Address:
"AMBR" = Authorized Member	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
"MGR" = Manager	
MGR - Manager	George Brasinikas
	361 Harbor Passage
	Clearwater, FL 33767
	-
(Use attachment if necessary)	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE	
MA CONTRACTOR OF THE CONTRACTO	
Am	
*) * 	
	or an authorized representative of a member
Signature of a member	
This document is avecuted in accords	ince with section 605.0203 (1) (b), Florida Statutes, I am awar
This document is avecuted in accords	ocument to the Department of State constitutes a third degree
This document is executed in accordany false information submitted in a d as provided for in s.817.155, F.S.	ance with section 605.0203 (1) (b), Florida Statutes. I am aware occurrent to the Department of State constitutes a third degree to
This document is executed in accorda any false information submitted in a d	Typed or printed name of signee

ARTICLE IV-