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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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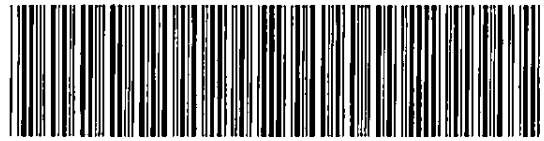
(Business Entity Name)

(Document Number)

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ATTORNEYS AT LAW



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E-Mail: [erin.houck-toll@henlaw.com](mailto:erin.houck-toll@henlaw.com)

January 24, 2024

**VIA FEDERAL EXPRESS**

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

**Re: Articles of Conversion/Articles of Organization  
Jonathan M. Frantz, M.D., P.A.**

Dear Sir or Madam:

Enclosed please find Articles of Conversion for Other Business Entity Into Florida Limited Liability Company and Articles of Organization for filing with the Division of Corporations on behalf of the above-referenced entity. Our Check No. 687962 in the amount of \$180.00 is also enclosed to cover the filing fees and certified copy.

Please return confirmation and certified copy of this filing to my attention in the enclosed prepaid FedEx envelope.

Should you need anything further from us, in order to process the enclosed Certificate of Conversion, please do not hesitate to contact me.

Very truly yours,

  
Erin E. Houck-Toll

EEH/thb  
Enclosures as noted above

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Henderson, Franklin, Starnes & Holt, P.A.  
Henderson, Franklin, Starnes & Holt, P.A.

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:  
Jonathan M. Frantz, M.D., P.A. 994000041868  
(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 June 6, 1994  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Jonathan M. Frantz, M.D., 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 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 requirement, this date will not be listed as the document's effective date on the Department of State's records.

\_\_\_\_\_ more than 90 calendar days after

\_\_\_\_\_ments, this date will not be listed as the

\_\_\_\_\_ible statutes.

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 which such members are entitled under ss. 605.1006 and 605.1061-605.1071, F.S.

\_\_\_\_\_aving appraisal rights the amount to  
\_\_\_\_\_, F.S.

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Signed this 19<sup>th</sup> day of January 20 24

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: [Signature]  
Printed Name: Jonathan M. Frantz, M.D. Title: Manager

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

Signature: ☒ [Signature]  
Printed Name: Jonathan M. Frantz, M.D. 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)

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FAX AUDIT NO.:

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

ARTICLES OF ORGANIZATION  
OF  
JONATHAN M. FRANTZ, M.D., PLLC

These Articles of Organization are executed by the undersigned for the purpose of forming a limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act, as particularly set forth in Chapter 621 of the Florida Statutes.

**ARTICLE I-NAME**

The name of the limited liability company shall be Jonathan M. Frantz, M.D., PLLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

9617 Gulf Research Lane, Suite 101  
Fort Myers, Florida 33912

**ARTICLE III-EFFECTIVE DATE**

This professional limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

**Name**

HF Registered Agents, LLC

**Address**

1715 Monroe Street  
Fort Myers, FL 33901

**ARTICLE V-PURPOSE**

The Company may engage in each and every aspect of the practice of medicine, but only through its Members who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

FAX AUDIT NO.:

FAX AUDIT NO.:

**Name**

Jonathan M. Frantz, M.D.

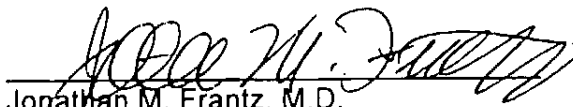
**Address**

9617 Gulf Research Lane, Suite 101  
Fort Myers, Florida 33912

**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an Authorized Representative of the Company, has executed these Articles of Organization this 19 day of January 2023. *JMF*

  
Jonathan M. Frantz, M.D.  
Authorized Representative

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FAX AUDIT NO.:

FAX AUDIT NO.:

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Jonathan M. Frantz, M.D.,  
PLLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC  
1715 Monroe Street  
Fort Myers, FL 33901

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, Florida Statutes.

HF Registered Agents, LLC

By: 

Erin E. Houck-Toll, Vice President

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