# L24000199088

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



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## Articles of Conversion For

#### "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to conversions. The Business Entity into a Florida Limited Liability Company in accordance Statutes.	onvert the following with s.605.1045, Florida
1. The name of the "Other Business Entity" immediately prior to the filing of the Arti Hollow Brook Psychiatry, PLLC	cles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a	mon law or business trust, etc
First organized, formed or incorporated under the laws of	
05/28/2020 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached A	ticles of Organization:
Hollow Brook Psychiatry, 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 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 document's effective date on the Department of State's records.	
5. The plan of conversion has been approved in accordance with all applicable statute	75.01
6. The "Converted or Other Business Entity" has agreed to pay any members having appropriately which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	
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Signed this 19th day of April	_ 20_ 24
Signature of Authorized Representative of Limi	
a: Itano	Paale
Signature of Authorized Representative: Ltack Printed Name: Stacey Poole	Title: Member
Fillited Ivalie, states i dote	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Stace Poole Printed Name: Stace Poole	
Printed Name: Stacey/Poole	Title: Member   1
Signature:	
Signature:Printed Name:	Title:
	1
Signature:Printed Name:	
Printed Name:	Title:
Signature:	[]
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature	<b> </b>
Signature:Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability	ty Limited Partnership:
Signatures of ALL General Partners.	IJ
All others:	H
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)
certification of the control	···/

### ARTICLE I - Name: The name of the Limited Liability Company is: Hollow Brook Psychiatry, PLLC (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: **Mailing Address: Principal Office Address:** 7901 4th St N STE 300 7901 4th St N STE 300 St. Petersburg, FL 33702 St. Petersburg, FL 33702 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: Northwest Registered Agent LLC Name 7901 4th St N STE 300 Florida street address (P.O. Box NOT acceptable) St. Petersburg City Having been named as registered agent and to accept service of process $f_0^{\dagger r}$ 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

րitle։	Name and Address:	
AMBR" = Authorized Member	1	
MGR" = Manager	i i	
AMBR	Stacey Poole	
	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
	<u> </u>	
Use attachment if necessary)		
• /	}	
<b>LE V:</b> Other provisions, if any.		
practicing psychiatry		
. <u></u>		
REQUIRED SIGNATURE:		
Nut Smi	1-h2	
19 00 8 1100		
	\	
Signature of a member or	an authorized representative of a me	mber
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes ment to the Department of State constitutes a	. I am awar iird'deoree !
as provided for in s.817.155. F.S.	ment to the Department of State constitutes a m	0 0.05100
Nat Smith		
	ped or printed name of signee	

ARTICLE IV-