

124000301193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

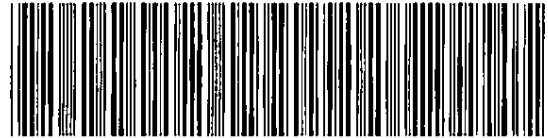
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 04/12/24

ANN REPORT 12400037150

Office Use Only



300423415833

02/09/24--01028--022 **150.00

FILED
2024 JUL -9 AM 11:43
FBI - JEFFERSON

Crystal Watson

1515 Park Center Drive Unit J
321-662-1649
restoramedical@gmail.com

February 1, 2024

Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314

Dear Recipient

This cover letter is to explain the conversion of the LLC. When I set up the company on sunbiz I originally set it as a corporation as a mistake. I meant to put it as an LLC. It was never actually a corporation at any point in time. I would like to correct this from the effective date of 10/9/23 and moving forward to be a professional LLC or PLLC.

My phone number is 321-662-1649 and my mailing address is 1515 park center drive unit J Orlando, FL 32835. Email address is restoramedical@gmail.com I can be easily reached by phone or email in regards to this conversion. Please do not hesitate to reach out with any questions.

Sincerely yours,

Crystal Watson

FILED
2024 JUL -9 AM 11:43
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Restora Medical Corp
(Name of Resulting Florida Limited Company)

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

Please return all correspondence concerning this matter to:

Crystal Watson
(Contact Person)

Restora Medical
(Firm/Company)

1515 Park Center Dr. Unit J
(Address)

Orlando, FL, 32835
(City, State and Zip Code)

Restorammedical@gmail.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Crystal Watson at (321) 662-1649
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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:
Restora Medical Corp
(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 10/09/23
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Restora Medical LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: ~~Effective~~ 2/3/24
(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.

2024 JUL -9 AM 11:44
FILED
FBI

Signed this 3 day of February 2024

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: [Signature]

Printed Name: Crystal Watson Title: Ambr

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

Signature: [Signature]

Printed Name: Harold Watson Title: Ambr

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)

2024 JUL -9 AM 11:44
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Restora Medical LLC.

(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:

Principal Office Address:

1515 Park Center Dr. Unit J
Orlando, FL 32835

Mailing Address:

1515 Park Center Dr. Unit J
Orlando, FL 32835

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:

Crystal Watson

Name

1515 Park Center Dr. Unit J

Florida street address (P.O. Box **NOT** acceptable)

Orlando

City

FL

32835

Zip

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, F.S.

Crystal Watson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL -9 AM 11
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AmBR

AmBR

Name and Address:

Crystal Watson
1515 Park Center Dr. Unit J
Orlando, FL 32835

Harold Watson
1515 Park Center Dr. Unit J
Orlando, FL 32835

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

☒ This is a professional LLC and the purpose is medical office

REQUIRED SIGNATURE:

Crystal Watson

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.

Crystal Watson

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)